BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY ANDREW WYNTER, M.D.

No. CLXIX.] LONDON: SATURDAY, MARCH 24, 1860. [NEW SERIES.

Lectures
ON
THE HISTORY OF MEDICINE.

DELIVERED AT
THE GROSVENOR PLACE SCHOOL OF MEDICINE.
BY
ALEXANDER HENRY, M.D.

LECTURE I.

Introductory. Deficiency of Instruction in the Subject. Objections to the Study, Reasons for Cultivating a Knowledge of Medical History. Importance of the Study. Mode of following it.

GENTLEMEN,—I have the honour of appearing before you, by the kind consent of the lecturers of this school, for the purpose of delivering a brief course of lectures on the History of Medicine. And, while the honour attached to the duty entrusted to me is great, I approach the task with fear, lest I should fail in the performance. You will at once appreciate how much room there is for anxiety, when you reflect how extensive is the subject. What a vast mass of ideas is comprehended in the term "historical records of medical science!" What names it calls to our recollection! What a space of time it includes! There are, in fact, few records more ancient or more interesting than those of medicine; and none in which greater names appear, or in which deeds more worthy of man are narrated.

Yet, strange though it may seem, the teaching of the history of medicine is a novelty in England. The greatest pains are taken to shew the student what are the approved views in medicine of this our day, and what new springs of medical knowledge may have burst forth in the time that is, or within the personal memory of the present race of men; but to bear his mind back to the time that has been—to direct his attention to the prime sources of his knowledge—is a duty which is very generally neglected. Thus the majority of the profession in this country are comparatively uninformed of everything that relates to the rise and progress of the science whose disciples they are, or of the art which they practise. A few names of men great in medicine, as Hippocrates, Galen, Aretæus, Harvey, Haller, may now and then be mentioned: nay, they may be "familiar in our mouths as household words"; but merely as entities in connection with history, much as Plato, Aristotle, and Bacon, are known to the general reader. And some of us, more advanced, may even have an acquaintance with some leading facts of the labours and doctrines of these men; and we may even have perused with care and interest their writings. But estimates of the influence they have really exerted on the progress of medicine are seldom made; and, instead of our having before us a general history of the rise and advance of medical science, a few names are allowed to stand forth as the embodiments of all that has been useful and all that has been great. Do not misunderstand me, and suppose that I wish to depreciate the honour which of right belongs to those who have made their names great in connection with some doctrine or discovery. The names of individual men must stand forth as the exponents of the doctrines and discoveries they have given to the world. But what is here objected to is, that in our exclusive remembrance of individuals, the aid which any one man who has shone forth brightly has received from the labours of his predecessors, and the influence which collateral circumstances have had on him, are lost sight of, and he has attributed to him a power, little short of superhuman, of forming order out of the most veritable chaos—of creating a comely form out of nothing. In bearing a few prominent names exclusively in our remembrance, too, we are apt to forget men of lesser repute, but to whom nevertheless our art owes something which should entitle them to our recognition.

Of the history of medical science, then, in its periods of progress, stand still, and apparent retrogression; of the influences for good or for evil which have been exerted on it by collateral circumstances; few or no attempts have been made to give an idea to the English medical student or practitioner. At the same time, the good intentions and able performances of those who have written on the history of medicine, whether separately, or in the course of their works on the science in general, deserve due recognition. Yet the works of these men do not produce all the good they ought: in part, no doubt, from the subject not being brought before the mind of the medical practitioner in his student days.

In neglecting the teaching of medical history, we English stand alone, or nearly so: for the subject forms a part (voluntary or compulsory) of professional education in France, Sweden, America, and no doubt in most other states where medical science is taught. And especially, I must not forget to recognise the fact—a pleasing one—that within the last three or four years an annual course of lectures on the History of Medicine has been instituted in Edinburgh by a worthy member of the staff of extra-academical lecturers in that city—Dr. Warburton Begbie.

Medical history comes before you then, students of a London school, as a stranger; with high recommendation, it is true; but still requiring a somewhat formal introduction, and a brief statement of the grounds on which your acquaintance and favourable notice are sought. Endeavouring, then, to the best of my ability to fulfil my duty, I will occupy your attention for a while in laying before you some of the principal reasons for cultivating a knowledge of the past as well as of the present of our profession; and at the same time I will endeavour to indicate the disposition of mind in which you should enter on the pursuit of the study, and the objects you should seek to attain therefrom.

But, at starting, I see thrown in the way a number of stumbling-blocks—reasons, or *quasi*-reasons, why medical history should *not* be taught. These obstacles are, at first sight, formidable indeed—so formidable, that were it not that they are essentially false in principle, and that all things false in principle must of necessity fall to the ground, we might despair of a recognition of the claims of medical history.

One of the most prominent of these obstacles is the argument that, as the whole science of ancient medicine was based on erroneous principles and false data, the writings of the men who practised on these principles are not to be depended on, and that therefore it is useless to spend time and mind for the purpose of becoming acquainted with such authorities. You, gentlemen, will at once be ready to deny the indiscriminate assertion of the worthlessness of past medicine, contained in this objection: yet, perhaps, some may be disposed to modify the expressions used, and to take up another argument against the study of the history of medicine, somewhat in this way:—It is admitted, that among the ancients of the profession some wisdom has been taught; and that in their voluminous writings, a grain of gold may here and there be found: but these grains are so rare, and the bed from which they have to be dug is so heavy, that the reward is not worthy of the trouble of searching for them.

Other arguments against the study of medical history are, that the time of the student is too much occupied with the course of instruction required in his curriculum, to allow his leaving modern authors even for a time, in order to dive into works of ancient date: and that no knowledge of medical history is required to be shewn at the different examining boards.

Many other arguments of a similar kind may be added: it is enough, however, to have pointed out these. I shall not occupy your time with refuting them *seriatim*. They are all

exceedingly weak, and may be left to the discipline of your good sense, and of the impressions which, it is hoped, the course of lectures now begun will make on your minds. The plan of refutation I shall rather follow, will be to give a general outline of the advantages which must follow a course of study of the past records of medicine.

1. The first argument in favour of the study of the history of medicine is the same as that in favour of the study of any general history—of our own country, or of the world, for instance. To know the present merely, is comparatively to know but little; for the present is but a part of the great whole of time. And, in speaking of history, I do not mean a mere collection of events and dates and names, important as this knowledge may be, and highly necessary: not a mere laborious exertion of the memory, but a highly intellectual exercise, in perceiving the influence which individuals and events and public currents of thought and action have had in modifying the existence and the prosperity, be it of a science, or of a nation, or even of the human race. Thus we apply a dual sense to the word *history*, and in such a sense should it always be understood. The narration of events, the record of the lives of illustrious men, and so forth, are history, so far as they go: but this is only half the matter; the philosophical ideas, of which the mere narrations are the nuclei, still remain, calling into play the mental powers, and opening an inexhaustible field for investigation.

And in the pursuit of other branches of knowledge than the medical, the importance of antiquarian knowledge is recognised. It is held indispensable to any one who could maintain a superiority in any branch of knowledge, that he should know and be able to philosophise on the past; that he should be always able to recur to the mighty events and changes that have happened before this age; that he should have the power of observing their influence on the present, and therefrom of drawing inferences as to the acts and prospects of the future. Hence we find the assiduous divine busy with the history of his church; the astronomer with the records of his sublime science; and the politician with the origin and progress of human institutions and laws. And not with mere event-history only, but with true philosophical history, do men concern themselves. Gibbon and Robertson and Hume and their analogues, are not enough; Niebuhr and Grote and Macaulay form the staple of the reading of the modern student of history.

In medicine, too, we have an event-history and a philosophical history; and in the extensive bearings of its philosophical history, medicine is surpassed by no other study. Fail to note these, and the study of the history of medicine is deprived of the greater part of its value. It is not sufficient to know that, at such a period and in such a land, some distinguished man lived, or some peculiar sect existed, or some remarkable discovery was made. We want to be informed what influences the man, or the sect, or the discovery, had in his or in its times, in aftertimes, or in the present time. We require to know, why those who take rank as distinguished men are distinguished; what plans of investigation they pursued; what right they have to their distinctions. We would derive both encouragement and warning for our own guidance; for, in all ages, the substantial basis on which progress has been built, has been one and the same; and the errors and pitfalls into which men have fallen, though varying in appearance, have been of the same kind.

With the community, a deep acquaintance with historical records of any kind is sufficient to gain for its possessor, when his acquirement is known, the reputation of being a learned, industrious, and useful man. And what holds good with reference to other historical topics, extends itself also to medicine, and will extend itself more and more. For, I doubt not that the time will come, when the physician or surgeon who may be ignorant of the history of his own profession will be looked upon in his proper light—as a man ignorant of subjects which ought to be as familiar to him as are the letters of the language in which he speaks.

2. A second advantage which must follow the course of study now recommended, is an important one, and I beg you to mark it well. It is this: that in the course of any researches you may happen to make, an extensive knowledge of what has been already done, may keep you from going over ground already trodden. What can be more annoying to the feelings of a sensitive man, than to find certain remarks, which he has published as original, pointed out by some malicious critic to be as old as the hills; to have his supposed new facts marked down as having been known and described by Galen, described by Aetius, etc.? Nothing, in fact, can well be more annoying; and yet there is scarcely a fault more common in our profession than this innocent plagiarising. But this fault might be at once remedied, by implanting a good store of historical medical information in the mind of the student.

3. Again, besides the negative advantage just now described, in cases where you wish to extend knowledge on any particular subject, nothing can be of more advantage to you than to have your minds enriched by an acquaintance with the labours of your predecessors. It may be urged that, in this research, nothing but crude notions, absurd dogmata, or conflicting opinions, will be met with. But read on; and read all; for in the most crude mass of facts or thoughts, there is pretty sure to be some real essence.

Let me take, for example, one department of medical science—the therapeutic; and in it I think I shall find the strongest practical arguments in favour of the study of medical history. Information on matters pertaining to the records of medical science in past days would greatly assist the student and the practitioner in forming an accurate judgment as to the worth of many of those remedial measures which modern teaching places at his command. In the progress of the healing art, numerous changes have taken place in the treatment of disease; but, with all the changes, numerous important points of practice, of very ancient date, have held their ground even down to our own times. Here are a few such points, all of which were known and used previously to the sixth century of the present era. The list runs thus: frictions, baths, fomentations, poultices, and vesications; the removal of blood by venesection, arteriotomy, cupping, or leeching; the arresting of bleeding by ligature of vessels, torsion, pressure, styptics; the operations of tracheotomy and lithotomy; reduction of fractures, and the use of the splint, bandage, and sling; the reduction of dislocations, and the use of the pulley for that purpose; the use of the trephine (which is as old as Hippocrates); the extraction of cataract; the removal of foreign bodies from wounds; the treatment of aneurism; the administration of opium, squills, henbane, hemlock, and many other valuable medicines; and the employment of most important rules regarding the preservation of health and the hygienic treatment of disease.

Well! some one may say; but it does not follow that a remedy must be of any value, because it was employed ages ago—it may be, in the Æsculapian temple of Cos, before Hippocrates wrote. To such an objection I would answer, that the weight of antiquity does give authority to the *use* of a remedy—its use, I say, apart from its misuse. For it must be acknowledged, that the ancients used—at least on some occasions, and perhaps on many—the remedies without judgment, and in an absurd manner. But there is no less probability that even the wisest physicians of the present day sometimes use their remedies in an absurd and injudicious manner. The ancient physicians acted to the best of their abilities; modern physicians can do no more; and, until they can act unerringly, they cannot blame the ancients on the score of want of judgment.

But another may object, that the ancients mixed up superstition with the use of their remedies. Granted that they did do so in many cases; but then it must be granted also, that even the moderns are not altogether free from the same charge. And, after all, what is superstition in regard to medicine? It consists in the enveloping of a simple fact in some mysterious explanation or accompaniment, which has little or no connection with it, but which serves as a means of conveying it more palatably or more surely to the public mind. While man is fallible, incapable of recognising all simple facts in their own merits, superstition will exist.

And, if we examine into the wildest superstition of ancient medicine, we may find in it a soul of truth: a truth, indeed, which was the original nucleus round which the superstition was wrought, which retained its character through all changes of medicine, sometimes shining dimly forth to some keen eye, until at last it became manifest to the universal eye, in its pure and naked character. We all know the history of the sympathetic powder of Sir Kenelm Digby. The powder was applied to the weapon that had inflicted a wound; but the wounded part was to be bound up, and let alone for seven days, at the end of which time the wound would be found united. In this instance, we no doubt have, as Dr. Paris has pointed out, the hint which led surgeons to the improved practice of healing wounds by "the first intention."

4. The power of making great and correct generalisations is a result capable of being brought about by the study of medical history.

It is quite possible for a man, by working hard at some given subject, to make some display, and to distribute a certain amount of useful information; but, after all, such a man's attainments are but limited, and the results of his labours are comparatively small and evanescent. The man who can speak and write from the fulness of his knowledge, he it is that can so deal with special subjects as to create a permanent effect. The listener or reader believes this man, because he is grounded in his knowledge. And this feeling of confidence is not confined to the reader or hearer; it reacts on the possessor of the knowledge, and gives him greater power of appreciating his own strength as well as his own weakness. The man who is not thus strengthened stands on a giddy height, an admired object it may be, but liable to be blown over by any wind that may cross him. But the standing of the man full of the knowledge of others, as well as of his own, is firm as well as elevated. If he has a weak point, he knows it, for no man knows his weak points better than he who possesses most real knowledge. Such a man is, in one sense, "monarch of all he surveys."

The power of generalising derivable from a study of history of medicine, is of the same kind as that which has proved of extensive application in other sciences. In astronomy, generalisation led to the discovery of new worlds, and to other great facts. It has guided the naturalist, the chemist, and the geologist, in their researches. It was by means of great generalisations that Columbus arrived at his brilliant discovery; and it is through his immense power of generalisation that the name of the illustrious Humboldt is deservedly known and reverenced by the whole civilised world.

And if the generalisation of ideas has indubitably influenced and improved other branches of learning, is not the same process capable of leading to great results in reference to medicine? Unquestionably it has done so, and will do so more and more. Even now it is extensively recognised, that disease is not naturally split up into the multitude of existences which find a place in our systems of nosology, each with a distinct name, as if it were a distinct thing; and that the symptoms of disease are not mere matters of accident. On the contrary, the doctrine is gaining ground, as an hypothesis, that diseases are capable of being reduced to a few simple forms; and that the phenomena which we call symptoms are subject for their development to certain fixed laws. If ever—and I cannot but think that the time is approaching—this idea of the simplicity of the forms of disease shall be brought out by distinct demonstration, one of its most important proofs will be a generalisation derived from a review of the past records of medical science.

"History," says Hecker, in speaking of pestilential diseases, "that mirror of human life in all its bearings, offers even for great pestilences an inexhaustible, though scarcely explored, mine of facts. Here, too, it asserts its dignity as the philosophy of reality delighting in truth. It is conformable to its spirit to conceive general pestilences as events affecting the whole world; to explain their phenomena by the comparison of what is similar. Thus the facts speak for themselves, because they appear to have proceeded from those higher laws which govern the progression of the existence of mankind."

But perhaps it may be asked—Are the accounts which we find in ancient records so to be relied on, that general deductions may be made from them? Most certainly they are to be relied on; unless you are imbued with so deep a feeling of scepticism in all matters historical, as to lead you to doubt that the ancients possessed either the power of observing, or the will to record their observations truthfully. The extensive records of disease which we now make are indeed much more minute in details than were such records in former times; but they are not more accurate in their general outline; so that the leading characters of disease may be traced with safety into the most distant ages.

5. Another advantage gained from the study of medical history is the additional incitement and encouragement it gives us in the scientific pursuit of our profession. Place the modern physician, with his microscope, his stethoscope, his gravimeter, his barometer, and thermometer, by the side of the venerable Asclepiad of Cos, who possessed no such aids, but worked merely with his own sound sense, and his will to interrogate Nature, and force her to reply. Compare the results brought out by the two respectively; observe well what the ancient did, aided only by his own powers of observation and reasoning. Some of us may fear, lest, with our advantages, our results may not be found proportionate with those obtained by our ancestors. It may be, there is some ground for this fear; yet not for a dismaying fear, but one which shall only incite us to renewed activity—a feeling more of encouraging hope than of fear. The mental powers of man are the same now as heretofore; the material on which he exercises those powers is the same; and if, by following with steady eye the leadings of a sure guide, our ancestors arrived at results which have rendered their names immortal, surely we, following the same guide, may arrive at results as much greater as our accumulated mass of knowledge is greater than theirs, and as the aids with which science has furnished us are more numerous and more ready to our hands.

And, again, the history of medicine shows that the art is of gradual development; that the progress of medical discovery is slow; and that, in every advance that has been made in our art, numbers of minds have been employed for long periods of time in working out that advancement. Let me refer to Hippocrates in proof of the gradual development of medicine. He did not make, and frame, and emit from his own mind all that valuable mass of medical truths and suggestions which have been handed down to us under his name. No! for centuries before him the vast stores of medical learning which he sent forth to the world had been accumulating in the temples of Æsculapius. Besides, he had been preceded by Pythagoras and his disciples; by Empedocles, who had uttered a rude physiology; by Alcmæon, who is believed to have dissected; and he had seen Democritus opening the bodies of animals, with a view to the study of their structure. He lived in an extraordinary age, contemporary with extraordinary men; and his great merit consists in the fact that he collected and wrote down the wisdom of his period, and enriched it by the fruit of his observant and philosophic mind.

So, too, with regard to the circulation of the blood. We attribute to Harvey more than his due, when we designate him as the sole discoverer. No! the way had been paved for him by Galen, Servetus, Realdus Columbus, Fabricius; and Harvey completed the last link in the chain of evidence. He connected all the previous discoveries, made out other truths from nature, and joined the whole in the demonstration of that beautiful theory with which his name will ever be bound.

Do not suppose that I desire to lessen the fame of Hippocrates, or of Harvey, or of any of the acknowledged leaders of our profession. I have of necessity brought them forward, because their legacies to medicine are illustrative of the fact of the gradual accumulation of knowledge, and of the value of the record of any, even the smallest, well-observed fact. No observer and recorder of a real fact has thrown away his labour; for, as it has been in times past, so it will be in the future, some master mind will from time to time arise, and, connecting the isolated facts gathered by his predecessors, group them into one harmonious whole, adding something to perfect it from the stores of his own mind.

6. The practical lessons afforded by the history of medicine, in respect to the detection and avoidance of error, form another argument in favour of its study. We would make, in fact, to the experience of ages precisely the same application as we make of our own daily experience, when, convinced we have done wrong, we use the ordinary expression, "I shall be wiser next time." We would let our daily professional life be absorbed into the great individuality of medicine; and, taking the errors of our predecessor as our own errors—for we too might have committed them—we would trace out the causes which led to them, and thereby learn to avoid the actual commission of similar errors on our own part.

And here I must take the opportunity of insisting on the importance of impartial records in medicine—records of failure as well as of success. Is it not to those men, who have not been ashamed to confess their faults, that we most confidently look for honest instruction? We must bear in mind, that what we put forth as the result of our reflection and experience is not for ourselves alone, but for our after-comers. How important is it, then, that they should know our failures as well as our successes! Be assured of this, that, in future ages, when the followers of medical science shall turn back to the volumes which we of this generation are leaving on the shelves of our libraries, they will confide most in his teaching who, with the history of what he has done in any special subject, shall have honestly recorded what he has failed to do in the same. And, in acknowledging our faults, we shall not detract from our reputation, if we have any reputation worth preserving; for, as Celsus says—"Levia ingenia, quia nihil habent, nihil sibi detrahunt; magno ingenio, multaque nihilominus habituro, convenit etiam simplex veri erroris confessio, præcipuèque in eo ministerio, quod utilitatis causâ posteris tra-

ditur; ne qui decipiantur eâdem ratione, quâ quis ante deceptus est."

Not only is the study of medical history profitable in pointing out the causes of the errors which have occurred in the straightforward progress of medical science; but also in enabling us to form a propor estimate of errors of another class—heresies and quackeries. Errors of this kind arise from folly, or from ignorance, or from selfishness. They are founded in and reared on the ignorance of the many, by the designing and the selfish; and the priests of quack-systems have worked on the public mind in other ages as they now work.

"It is now upwards of 2000 years," says Dr. Gairdner in a public address, "since the Father of Physic embodied a great truth in the striking expression, 'Our natures are the physicians of our diseases.' Yet this truth, accepted and acted upon by almost all great physicians, has generally been scouted by the public at large; and the whole tribe of quacks have aided and abetted them in despising or distrusting the influences of nature, and pointing the finger of scorn at physicians who knew better, or who did not choose to pander to popular prejudice. . . . . Only the other day, I found in a homœopathic journal one of the partisans of infinitesimal globules accusing ordinary physic of being a system of scientific trifling with disease, using only palliative remedies, and based on the rule of 'let ill alone;' the very same charge, in different words, which Asclepiades of Bithynia brought against the Hippocratic practice, when he called it a 'waiting upon death.'"

Does any one fear that the rampancy of modern charlatanism endangers the existence of true medicine? There is no room for fear. Systems of charlatanism have again and again sprung up; but they have sprung out of the ignorance of the age, and the soil in which they have been planted has been too shallow for them to take deep root. They have their time, and make a very gaudy show, and are much admired; but their attractions soon fade, and their *débris* only remain as monuments of our occasional folly. In their life, they have in all ages attempted to undermine the great Hippocratic oak; and some even attempt to steal vital supplies from it by clinging to it as parasites. But the roots of the noble old tree become more and more deeply fixed in the healthy soil of experience and induction; it has outlived and will outlive all insidious undermining weeds, and will shake off its parasites, nothing the worse for what they have plundered from it to support their miserable existence a little longer. The observance of the history of medicine cannot, in this respect, fail of being a source of great encouragement to those who, when quackeries are the order of the day, fear lest they should so increase as to put an actual extinguisher on the light of true science.

Such are some of the motives which should lead us to the study of medical history; and I beg you to note them well in your minds, and allow them to have their full influence. Remember, again, that in no age of the world has man, as an intellectual being, lived solely for his own time. The tendency of the operations of the human mind is to accumulation and to perpetuity; and their power of perpetuity increases in proportion to their congruity to unchangeable facts—that is, to the stability of the foundation on which they are placed. In medicine, much has passed away, after lasting a few ages, or perhaps only an age, because it was unstable; and much that is now remaining will pass away for the same reason. But the truthful observations—the well founded reasoning—that form the substantial part of our art and science, these have been accumulating from the earliest ages—from the times at least when the restored sick wrote up their clinical histories in the Æsculapian temples. The life of a man, as an animal, is a limited period of threescore years and ten, or thereabout; the life of a man, as man, is but an integer in the vast mass of time during which man has existed and will exist. The whole aggregate lives of man form one great existence, of which no part can be isolated from its past or from its future. So it is with medicine. Our lives, as followers of the healing art, are not mere isolated periods. The commencement of our existence dates back to a period of which we have no more idea than of our individual existence in the first year of our childhood; and, like the early recollections of childhood, the early history of our science dawns gradually on us. We can no more ignore the fact that our medical lives are only integral parts of the great life of medicine, than we can ignore the fact that the present moment is but a part of the life which we commenced as infants.

The medicine of no age, then, can be thoroughly comprehended if merely studied *per se*, apart from the medical history of other ages. But I will go still further, and generalise still more widely, and perhaps alarm some of you with the idea of the vastness of the subject. We can scarcely study the history of medicine to its full profit, unless we also study the influences which external circumstances have had on it in its different periods. We ought to have a knowledge of the state of civilisation of any country, in any given age, if we would correctly appreciate the state of medical science therein. Indeed, without knowing the general character of the age, we cannot understand its medicine. Dr. Gairdner, whom I have already quoted, has made some apposite remarks on this.

"We very often hear the art of medicine spoken of as if it were a thing apart, subject to conditions and laws of its own, and standing aloof from the general current of human sympathies and activities. Medical men are regarded as a kind of priesthood, drawing their inspiration from some mysterious revelation of traditional philosophy, which cuts them off, for good and for evil, from the aspirations, the knowledge, the follies, the vices of the hour. People rarely reflect that the faults and the virtues of medical men are in reality only their own faults and virtues, modified by accidental circumstances. Yet nothing is more certain, than that medical men are nurtured on the same intellectual and moral diet with the rest of the educated population, and only differ in possessing a technical knowledge of things relating to disease. To accuse the medical art, therefore, wholesale, as some people are fond of doing, is substantially to criminate the age which has produced and tolerates it. You can no more expect to have a real and exalted art of healing among a degraded or half-educated population, than you can expect to gather grapes of thorns, and figs of thistles. I will not indeed assert, because I do not believe, that it is impossible for the medical art, or for individual medical men, to be, to a certain extent, independent of the circumstances in which they find themselves; but in the main it is true, that from a barbarous age you can have nothing but a rude and ignorant medical practice; from a superstitious age, an irrational practice; from a corrupt age, an immoral practice; from an age of imposture, a practice of quackery." (*On Medicine and Medical Education*, pp. 29-30.)

The author of these remarks is evidently looking on the dark rather than on the bright side of medicine; and, so far, his observations are quite just. In proof of them, we only require to call to mind the notices which historians and travellers give us of the barbarous surgery and superstitious medicine of uncivilised tribes. But the converse proposition is also equally true—that from an enlightened age—an age of moral and intellectual enlightenment—we get a striking out in the direction of rational medicine. We find this when we study the progress of civilisation, and observe the periods in which human intellect has most prominently burst forth in general science and philosophy. No doubt the progress of medicine is slow and steady—and perhaps there has never been a period when it has been at an entire standstill; but it is in these periods especially that medicine has made its greatest and most marked advances; and we learn to look on these advances, and on the men with whose names they associated, not as a kind of supernatural phenomena, but as the necessary results of a combination of circumstances. Medicine, then, as an art, advances somewhat of necessity, because it is always before us; but, as a science, it progresses as a part of the caravan of general science. In proof of this, we need but look at the state of the intellectual world at the time when Hippocrates put forth to the world the imperishable volumes which bear his name, and at the period when Harvey completed and made known the great discovery of the circulation of the blood. On the other hand, if we consider the period which bears the significant name of the "dark ages," when science was at a standstill, we see medicine equally retarded in its advance.

This subject, the connection of the progress of medicine with that of general science and philosophy, I shall have occasion to speak of again in certain parts of this course of lectures.

Having thus endeavoured to give you some idea of the importance of the study of the historical records of medicine to all who desire to be well-informed in this science, I will now offer a few words of advice as to the disposition of mind in which this study should be followed. For it must be said of this as of the study of medicine in general, that unless the motives which lead to it are pure, unless it be followed with a view to the cultivation of the intellect and higher moral feelings, it would better never be undertaken.

Enter on it, then, if you can, with minds free from prejudice of any kind, favourable or unfavourable to particular men or

particular doctrines. That you will so far run against common notions as to look for perfection—even relative—I do not expect; but what I would especially impress on you is, never to take up the history of medicine with the preformed idea that all you are going to read is so much nonsense, the perusal of which is an absolute waste of time. Where you find doctrines laid down, and practices inculcated, which the enlightenment of the present age refuses any longer to recognise as binding upon the practitioner of medicine, judge of them temperately and charitably. Examine, as far as opportunity is afforded, the sources of each error with which you meet. If it be traceable to moral obliquity on the part of the individual committing it, and to no other assignable cause, pass on it what mental condemnation you will; but at the same time always reflect whether our profession, in the nineteenth century, is altogether free from men who, in future ages, if their names and deeds survive, will be mentioned but with the voice of warning, as examples for the avoidance of all true and honest followers of medical science. If the error be plainly one of the judgment, condemn it not hastily. Examine well the intellectual atmosphere in which the man lived who committed it; recall the opportunities which he possessed; bear in mind the popular prejudices which operated in retarding any desire he may have had to obtain a more perfect knowledge of things relating to medical science. And if, notwithstanding all the allowances to be made for the disadvantages under which the ancients laboured, you still feel disposed to judge harshly, ask yourselves whether medical science is in the present time so free from intellectual error, and its disciples so learned, that the errors of the past can, with good conscience, be pointed at with the finger of scorn. But I believe that hasty condemnation can never be uttered by those who are really advanced in sound knowledge; for it is an essential attribute of true wisdom to be moderate in judgment. Mark, then, the errors, not for ridicule, but with charity; and take them for instructive lessons, as pointing out courses to be avoided. Value the records of them in history, as the mariner values the markings of the shoals and sunken rocks on his chart.

When you meet with records of improvement in medicine, note down these, too, in the tablets of your memory; and take them as lessons in regard both to the science and to individuals. For our science, they teach hope; they encourage us to look and work onwards to its perfection. To the individual modern practitioner, the records of the deeds of the fathers of medicine teach lessons of industry and perseverance. Consider well what they did, and under what conditions. Weigh here again the circumstances surrounding the ancients with those surrounding the moderns; and remember that the same patience and perseverance which overcame obstacles in times past, when they were great, ought to overcome them now, when they are much less.

Honour, then, the great among the ancients in medicine; and take them as your examples. Yet, while you render them this filial duty, beware of hero-worship. Nothing, perhaps, tends more to retard the progress of science than hero-worship: the system, I mean, of setting up some noted individual as the exponent of all that is good and worthy of admiration in his time—of all progress. Do not let all the medical knowledge of an age be merged in one man. Rather let the man be merged into the science, except so far as you derive instruction for your personal advantage from their example. Give their due to the men whose names stand forth less prominently; and, while Hippocrates and Galen and the Arabian physicians are in distinct outline before you, do not neglect to recognise the numerous others in the background: for each of them did something, small though it might sometimes be, to advance the progress of medicine.

I will conclude this lecture by some extracts from a work of an English physician who lived a century and a half ago, and whose opinions on the value of the history of medicine give additional force to the arguments brought forward in this lecture. I allude to Dr. Freind.

"I am satisfied, that a thorough acquaintance with the writers in physic, especially the old ones, is the surest way to fit a man for the practice of this art. And if this may seem too strong an assertion to some, who can taste nothing but their own reflections on their own practice, I desire it may be observed, that there are some cases at least, which do but seldom happen, and when they do, I dare venture to say that they will be less surprising to one, who has a familiar acquaintance with the good authors in physick; nay, that they will be more readily discerned, and more clearly distinguished by him, than by the greatest genius that despises these assistances.

"Every physician will make, and ought to make, observations from his own experience; but he will be able to make a better judgment and juster observations, by comparing what he reads and what he sees together. It is neither an affront to any man's understanding, nor a cramp to his genius, to say that both the one and the other may be usefully employed, and happily improved in searching and examining into the opinions and methods of those who lived before him; especially considering that no one is tied up from judging for himself, or obliged to give into the notions of any author, any further than he finds them agreeable to reason, and reducible to practice..... There is as large and fruitful a field for sagacity and good judgment to display themselves in, by distinguishing between one author and another, and sometimes between the several parts and passages in the same author, as is to be found in the greatest extent and variety of practice.... 'Tis true, that no one ought to run implicitly into another's notions, merely upon account of his name or his antiquity, how great soever either of them may be; but surely 'tis as true, that a long and established reputation is a sufficient reason why any of the ancients should be heard and try'd, before they are condemned: and I am apt to believe, upon an impartial inquiry it will appear that it was upon very good grounds that Hippocrates, and Galen, and their successors, have been all along reckoned the great lights and fathers of the faculty, and that such an universal deference has been paid to their writings through an uninterrupted succession of many centuries. In some of which times, it is possible, there may have lived men of as great talents, and of as large experience, as even the present age, renowned as it is, can produce."

Having thus placed before you some of the advantages derivable from the study of the history of medicine, and the motives for its pursuit, I shall, in the next lecture, enter on a sketch of medicine among the ancient Greeks anterior to the time of Hippocrates.

Original Communications.

ON MORNING SICKNESS: ITS SIGNIFICANCE AS A SYMPTOM.

By Thomas Inman, M.D., Liverpool.

There are many phenomena of disease so common that we fancy we know all about them, and this prevents our thinking; yet no sooner do we begin to examine into them than we find not only that our knowledge is scanty, but that they involve considerations of the highest interest, and lead us into the most recondite problems of physiology. Morning sickness is one of these. We are as familiar with its occurrence as with that of pregnancy; yet few, if any, understand its full significance. What an array of questions we may ask respecting it!

1. Why are pregnant women sick? 2. Why does the sickness occur in the morning? 3. Why does it occur during the early months more frequently than the later? 4. Why does not morning sickness attend a distended bladder, bowels distended by flatus, ovarian dropsy, or fibrous or other tumours of the uterus, as often as it attends pregnancy? 5. Does morning sickness attend any other complaints? if so, what have these in common with pregnancy? 6. What is the proximate cause? is it to be sought in the stomach itself, the brain, the uterus, or all combined?

In answering these questions, we light upon an interesting series of facts. All pregnant women do not have the symptom in question; many escape it entirely; others have it at one time and not at another; some of those who escape it have flatulence and other signs of dyspepsia; others, simple faintness. If we dive still deeper, we find it common amongst town-bred women, and rare amongst the healthiest of the rural population. We find, as I have had repeated opportunities for observing, that a lady who suffers from it in a town is comfortable the day after she resides in the country, and is ill again the day after her return; and that, for such an one, a prolonged residence in a pure air prevents morning sickness altogether. It is clear, then, that women are not sick simply because they are in the family way; there is something required in addition to that, to produce the vomiting.

We next note that the sickness is most common in the morning; but it is not generally present so long as the woman is lying down; nor, if the recumbent posture is continued, will it come on. But no sooner is the erect posture assumed, than nausea comes on, and increases until vomiting follows. Now, as we cannot see any material difference in the circulation through the stomach when a person is standing and lying down, we infer that we must carry our observation to some other part of the body likely to be influenced by change of posture.

A moment's consideration points us to the brain, as being the organ most affected by change of posture. A hundred cases occur to our recollection of faintness and sickness being produced in delicate individuals by assuming the erect posture; and we also remember that vomiting is a common sign of "water in the head". But it is a tolerably certain fact that very few delicate people do have morning sickness when they get up; consequently, a change in the cerebral circulation alone will not be sufficient to account for it.

We now attempt to get some farther insight into the causes which produce it, by examining under what circumstances it comes on in males, children, and elderly people. A gentleman, with his wife (who was not *enceinte*), when crossing the Atlantic, both had this symptom to a marked degree. During the day, they could stand the motion of the steamer pretty well; they never could do so before breakfast. Champagne did more to relieve them than anything else. The sickness came on invariably, as soon as they attempted to stand up. Mr. W., aged 56, consulted a friend of mine for what he called dry vomiting. It came on regularly every morning as soon as he got up; and he facetiously observed that, if he were a woman, people would say he was pregnant. The man was an habitual spirit-drinker, and indulged heavily over night; and there was reason to believe that he had an ulcer in the stomach. A few days ago, I was consulted by a clergyman living in the country; and one of the most prominent of the symptoms complained of was nausea as soon as he got out of bed, which was very frequently (twice or three times a week) accompanied by actual vomiting; and, as is common in pregnancy, a little mucus alone was ejected, and some flatus. In his case, the disease seemed to be ulcer of the stomach, or atonic dyspepsia. Turning to Dr. Brinton's interesting treatise on this complaint, we find: "Lastly, in those rarer instances in which the act of vomiting comes on quite independently of the ingestion of food, for example, shortly after rising from a night's sleep .... the vomiting, which is often periodic, is frequently connected with habitual drunkenness, especially with the collapse that follows a debauch" (p. 76). The clergyman was on his way to Southport when he consulted me, and he has subsequently called to say that the morning sickness has left him since his residence there.

We may next remark, as a matter of fact, that children and delicate people generally have anorexia in the morning, even if they have not vomiting; and sometimes they are totally unable to eat anything at breakfast, from a feeling of faintness or sickliness. This is a tolerably sure indication of deficiency of digestive power in the stomach and in the body generally, and is best met by the use of some mild stomachic and fluid food.

When we inquire how much the condition of the uterus influences the vomiting, we find that the sickness is not produced by simple enlargement of the organ; for it is not a common sign during the gradual distension that takes place from accumulation of the catamenia in cases of imperforate hymen; nor is it from pressure in the pelvis, direct or indirect, for the symptom is generally absent from first to last in ovarian dropsy; nor is the sickness produced by growths within the cavity of the uterus, for it is not a common sign in cases of uterine polypus, etc.

We cannot lay much stress upon these facts; yet we may remark, that morning sickness accompanies the formation of moles, etc., which are supposed to be the result of an act of generation; and that it also accompanies *extrauterine* pregnancies, as far as we can judge from the few cases recorded, quite in the same proportion as the intrauterine.

In the causation, then, of morning sickness, we infer that "uterine sympathy" does not hold so prominent a place as the formation of a new being. But neither the one nor the other hold sufficiently prominent a place to give to them the most important rank, inasmuch as neither one nor other produces the sickness, unless other conditions are present.

We ask, next, what these are? As the symptom in question does not occur in perfectly healthy and strong women, we infer that its occurrence depends upon some deterioration of vital power. As deterioration of vital power involves, to a greater or less extent, deterioration in all organs of the body, we infer that, in the cases in question, there is deficiency of vital power in the brain, and in the stomach.

If this inference be true, we shall find that the best remedies for morning sickness will be those which improve the condition of the patient generally, those which improve the steadiness of circulation in the brain, those which improve the tone of the stomach, those which deaden the sensibility of the organ which has been preternaturally increased by debility.

Of the influence of change of air upon morning sickness we have already spoken. If this cannot be adopted, we must act upon the principle, "Diminish the daily work gone through as far as possible, and increase the power to do it."

The following case illustrates the value of this principle so well that I do not hesitate to give it in full:—

Case. John Johnson, aged 30, a strictly temperate man, manager of a large spirit retail, came to me, five weeks ago, complaining of severe inframammary pain on the left side, which, he said, he could cover with his thumb. I found, on questioning him, that he suffered also in other parts of the trunk from myalgic pains at night, and that for some weeks past he had suffered from cough, and was beginning to lose flesh. I could detect, however, nothing wrong in the lungs. His appetite and digestion were good, and the bowels regular. *Every morning, however, for the past nine months he had had sickness and vomiting.* This came on generally *about five minutes after he got up;* he merely passed some flatus and stringy mucus. He had no signs, so far as I could discover, of ulcer of the stomach. Considering that the man was simply suffering from debility and overwork, I recommended a glass of milk, with some rum in it, to be taken before getting up. Tincture of iron, with cod oil, three times a day. Ale or porter at dinner, a good supper about an hour before bedtime, and as much rest, in the horizontal position, during the day as could be attained. He adopted this plan, and had no return of the sickness for four weeks. At that time he one day felt so much better, so thoroughly well, as he thought, that he not only returned to his ordinary work, but exceeded it; he felt, he said, at bedtime that he had done too much. The next day the morning sickness came on as usual, and the curd of the milk he had taken was vomited in a long lump. He at once took the hint, kept himself very quiet the whole of that day, and has been careful of himself ever since, and the morning sickness has not returned.

A similar plan must be adopted for pregnant women. They should take something ere they get up, and allow sufficient time for this to have its influence on the stomach in dispelling flatus, on the circulation generally, and on the heart's power, enabling the latter to keep up the necessary volume of blood in the brain when the erect posture is assumed. I believe the best thing which can be adopted is a tumblerful of milk with a tablespoonful of brandy or rum in it; it is food and stimulant combined. If this be objected to, hot coffee, cocoa, or tea will be of service, though all are too poor in quality to effect all we wish. Where the sickness is very distressing, champagne (or sparkling gooseberry) answers better than anything else. Throughout the day, everything in the way of *work* must be carefully noted, and its effects marked; so that the patient may ascertain whether or not it is beyond her strength to do it. If the strength permit, exercise in the open air is useful up to a certain point, beyond that it fatigues, and makes the sickness worse. In bad cases, rest in bed is absolutely necessary for a time. Such tonics as steel, quina, glycerine, and alcohol in medicinal does, are each useful. Opium, from its influence on the brain and stomach, is specially advantageous. Of the special remedies I need scarcely speak, they are more or less familiar to all.

The preceding observations go far to explain those curious cases we occasionally meet with where husbands suffer from morning sickness as well as their wives. I was once seriously consulted, by a recently married gentleman, for morning sickness. He wished to know whether it was usual for husbands to be affected sympathetically with their wives, and, if so, whether it was best to let it alone or try and prevent it. His own wife, he said, was pregnant, and suffered much pain from this symptom, and latterly he had suffered too. I ascertained that he was a man of nervously anxious temperament, unable to see suffering with equanimity; that he was passionately fond of his wife, and greatly distressed at witnessing her morning suffering. Hence he became first faintish, and then sick. I recommended something for his wife, which had the desired effect; and when her suffering ceased, his sympathy being no

longer roused, his stomach was quiet. Such an explanation, however, does not apply to an account I have received from a very trustworthy medical friend, who told me that a lady patient once told him in sober, serious earnest, that in two out of four pregnancies, she was first made acquainted with her condition, by her husband suffering from morning sickness, herself being quite free therefrom. There was no evidence to account for this curious state of things, and he could only surmise that the affair was accidental—due either to some temporary anxiety, casual marital excess, or some transient cause enfeebling the condition of the stomach.

Hence we see that a consideration of so common a symptom as that we have referred to brings us to that most recondite of all subjects—vital power. It leads us to speculate upon the condition of such power in a *woman* who is beginning to impart some of her life to a new being. We cannot speculate upon this without turning our thoughts to her partner, and as we do so memory heaps up a vast number of instances, amongst the lower animals, in which the act of generation has been followed at once by the death of the male, as it is subsequently by death in the female. It is true that in the higher animals such occurrences are rare, yet I have met with no less than three cases, in man, where immediate death followed connexion. Once after great loss of blood; another during a transient improvement in phthisis; in a third the man was weak, from diabetes, and got up from his marriage bed only to return to it to die before evening. But however interesting these speculations may be, it will be unprofitable to carry them farther.

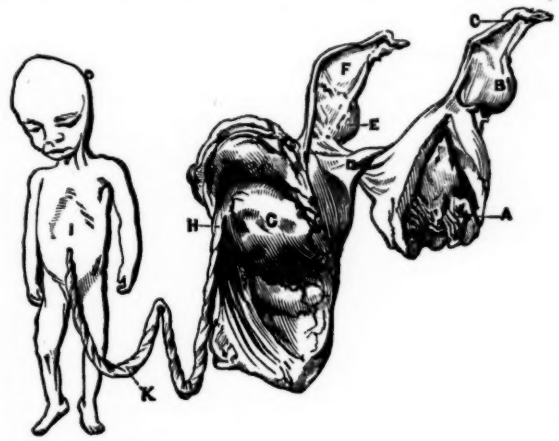
CASE OF EXTRAUTERINE FŒTATION.

By Francis Whitwell, Esq., Shrewsbury.

Harriet Madeley, an unfortunate, aged 19, admitted into the Atcham Union House on November 13th, 1859, for an injury of the ankle, was seized on the morning of January 26th, 1860, with partial syncope and severe intermitting pains in the umbilical and hypogastric regions.

On my arrival, she had a pale anxious face; the pulse was scarcely perceptible; the surface of the body was cold; and the abdomen was distended and extremely painful. Stimulants, external heat, and small doses of turpentine, etc., were ordered; but she never rallied, and died on the morning of the 29th.

Autopsy, twenty-four hours after death. The body was well formed, and loaded with fat. On laying open the abdomen, a fœtus of about four months, enveloped in its transparent membranes, was seen floating in the liquor amnii, and cushioned on the intestines. On tracing the funis downwards, the pelvis was found filled with clots of blood, and the umbilical cord terminating in an irregularly shaped placenta, the central portion of which was attached to a fibrous looking membrane continuous with the right Fallopian tube, which, on careful examination, clearly demonstrated that the sac originally containing the fœtus, etc., was formed by the gradual expansion of that tube. The posterior surface of the placenta was in places ragged and torn, no doubt indicating the part from which the hæmorrhage had been poured out. The uterus was somewhat enlarged, and presented on its anterior surface and fundus evidence of recent inflammatory action. On being laid open, the interior was found to contain a small quantity of fibrinous looking matter—probably the deciduous membrane—the removal of which seemed to carry with it the softened mucous lining. The os was closed with a thick jelly-like substance. The other organs of the body were not examined.



A. Uterus laid open. B. Left Ovary. C. Left Fallopian Tube. D. Right Broad Ligament. E. Right Ovary. F. Right Fallopian Tube. G. Placenta. H. K. Funis. I. Fœtus.

I have since been informed that, during her residence in the Union House, she frequently complained to the other women that "she had something alive in her belly, which moved from side to side".

Had this remark been communicated to me, and a careful examination made, prior to the bursting of the Fallopian sac, how far such a case might have been diagnosed with sufficient accuracy to justify an attempt being made, when the sac gave way, to save the patient by removing the extrauterine fœtation, through an incision in the abdomen, I shall leave to the consideration of others.

The woodcut which illustrates this case is from a photograph taken by Mr. Groom of Shrewsbury. The pathological specimen is deposited in the museum of the Middlesex Hospital.

Periscope.

PRACTICE OF MEDICINE AND PATHOLOGY.

CLINICAL EXPERIENCE OF PNEUMONIA.

In the *Edinburgh Medical Journal* for March 1860, Dr. W. T. Gairdner, Physician to the Edinburgh Royal Infirmary, has published a paper under the above title, of which the following is an abstract.

While acting as pathologist to the Royal Infirmary from 1848 to 1853, Dr. Gairdner had become convinced that the tendency to death of many inflammatory diseases, and, in particular, of inflammation of the lungs and pleura, when uncomplicated, was very much overrated. This he inferred from the rare occurrence of deaths due to pneumonia and pleurisy (and also to pericarditis, peritonitis, and acute meningitis), apart from those organic diseases or surgical accidents, which might be said naturally to terminate in one or other of these acute affections. He also inferred, from his experience as pathologist, that this tendency of inflammations to a favourable result was on the increase; or rather, that, in proportion as we were getting rid of the severe forms of epidemic disease (fever, dysentery, scurvy, influenza), which had deteriorated the health of the population previously to 1848, we were also getting rid of the more severe and unmanageable types of acute inflammation; especially the inflammations of the serous membranes of the chest and abdomen, which he had seen in fearful activity during a few months of the year 1847, and pneumonia, which, within his own experience as a student, had been a much more fatal disease in hospital practice than it ever became after 1848.

Into the causes of this favourable change, he does not propose at present minutely to inquire, although the inquiry is one of great importance. He believes, however, that the acute inflammations are quite as much, or very nearly as much, within the domain of the sanitary reformer as the more obviously epidemic fevers; and further, that some even of the chronic organic diseases have already yielded, and may be expected still further to yield, to the improved habits, the better clothing, the greater abundance of food, and the diminished destitution of the population generally. Looking back over thirteen years of almost continuous hospital experience, he feels assured that chronic affections of the kidney and liver, and perhaps also of the heart, have diminished in frequency, as causes of death, to a most material extent.

In his paper, Dr. Gairdner proposes to illustrate the actual state of the case as regards pneumonia, or rather pleuropneumonia, by submitting a brief report of the mortality in his wards, in so far as it bears on this disease, during five complete years ending in December 1859. There is only one way of doing this so as not to mislead; viz., to give an account of all the deaths, whether directly from pneumonia or not, in which decided pneumonia formed part of the disease existing at the time of death. He enters a caution against using the

data as statistics of death and cure, to be set against other statistics of death and cure, possibly founded on a different estimate of pneumonia; and against arguing from these data as confirmatory of any special principle of treatment in pneumonia, inasmuch as his treatment has not been at any time founded on special or peculiar principles, but simply on the watchful adaptation of means to ends in the individual case.

For several years before 1855, while Dr. Gairdner was occupied as assistant-physician and junior acting physician to the Infirmary, the cases under his personal care were, to a disproportionate extent, instances of chronic disease, and were limited to the male sex. Since that period, owing to arrangements among the ordinary physicians with regard to clinical teaching, he has never had under his care fewer than fifty beds fairly divided between male and female patients; all the male, and by much the greater proportion of female beds having been devoted to ordinary miscellaneous cases, most of them severe and urgent; and the succession of these having been, as a rule, rapid and varied.

The following is his entire personal experience of fatal acute inflammation of the lungs, whether simple or complicated, during the five years from 1855 to the end of 1859.

In 1855, the only case of this kind that occurred to him was one of double pleurisy, with pyæmic abscesses in the lung, from a fish-bone imbedded in the cellular tissue behind the œsophagus. In 1856, there were three fatal cases of pulmonary inflammation; all, however, evidently secondary to grave disorders, sufficient of themselves to compromise life, and of older standing than the pneumonic affection. One of these patients, aged 40, was said to have been an epileptic; he had fallen (it was said) during a fit, and had injured his head; he lived for eight days with all the signs of compression of the brain, and was afterwards found (as was suspected before death) to have fractured the skull in the lateral regions and at the base. The pneumonia in this case presented hardly any symptoms. In another case, aged 43, there was severe maniacal delirium tremens, which was afterwards discovered to be complicated with fracture of the first rib, diffused abscess around the seat of the fracture, suppuration of the shoulder-joint, and pyæmia. This case is noticed in the *Edinburgh Medical Journal* for August 1856, p. 129. The third case was one of broncho-pneumonia supervening on Bright's disease of the kidney.

In 1857, there were two fatal cases of pneumonia, both secondary to chronic organic disease. The first was only two days in hospital. He was an intemperate man, the subject of Bright's disease, and, as was afterwards found, of fatty liver in a high degree. He was admitted on January 1st, far gone in double pneumonia, and with intense albuminuria and renal desquamation. He died on the 3rd. The other case was that of a man, aged 39, subject to aggravated chronic bronchitis and emphysema for nearly a year before his death, which occurred from the complication of these disorders with a rather chronic condensation of the lower lobe of the left lung.

In 1858, there were two cases of pulmonary inflammation under treatment, and ending in death. One, in a woman, aged 39, was complicated with Bright's disease of the kidney, in an advanced stage. The other, a man, aged 30, was a case of emphysema and bronchitis of old standing, on which pneumonia had supervened about a week before admission. A child, also, of 15 months, apparently of feeble organisation from birth, was brought to Dr. Gairdner evidently moribund. It died two hours after admission, and considerable inflammation of the lungs was found.

In 1859, Dr. Gairdner witnessed, within the space of little more than a week, two more fatal cases of pneumonia, one of which only was complicated. Neither of these cases was under treatment more than forty-eight hours. The complicated case was one of severe and long-standing emphysema and bronchitis, with cardiac dilatation to a moderate degree, admitted *in extremis* on the 4th of June, and dying on the 5th of June. The other case was that of a man of excessively intemperate habits, admitted with absolutely complete hepatisation of the upper lobe of the right lung, which was so much enlarged by inflammatory effusion as to cross the middle line of the sternum, and was already becoming disintegrated by suppuration, with the characteristic prune-juice expectoration in very large quantity. The patient had been ill only about a week, but was exceedingly exhausted on admission. The treatment was almost exclusively by stimulants; but he died on the second day after entering the hospital, and the ninth of the disease. There was no organic complication.

The preceding details show, that out of ten or eleven cases of inflammatory affections of the lungs, being absolutely the whole number that can be discovered after the most diligent search, in which acute pneumonia, or anything like acute pneumonia, occurred among all the cases terminating in death under Dr. Gairdner's care from 1855 to 1859, only *one* can fairly be said to be a death from idiopathic or uncomplicated pneumonia. In this one case the disease occurred in a man of excessively intemperate habits, and had gained ground so far before admission that the whole upper lobe of the right lung might be said to be in a state of destructive suppuration. Dr. Gairdner believes also, that in no one of these cases had anything approaching a rigidly antiphlogistic treatment been pursued, either before or after admission. Many of them, indeed, had been entirely neglected; but in such as had been seen by medical men before admission, it had apparently never occurred to the medical man to use such treatment; and, in particular, not one of all these fatal cases was bled. The treatment in the hospital, so far as treatment was possible, consisted of diffusible stimulants and cough mixtures, with such food as could be taken, mild diuretics, and, in one or two, the extremely cautious use of antimony.

During the same period (1855-1859), Dr. Gairdner treated, on an average, from twelve to twenty cases of inflammatory disease of the lungs annually; or, in the aggregate, from 60 to 100 cases, including under the larger number a rather vague estimate of all kinds and varieties of disease in which acute or serious symptoms went along with the evidences of pulmonary condensation; and under the smaller, a rather restricted calculation of those cases which he regarded at the time as being genuine pneumonia. He has long been of opinion that not all cases attended with pulmonary condensation, and marked by acute symptoms, are pneumonia in the proper sense of the term; and he therefore leaves it to the reader to take either the larger or the smaller number, according to his own idea of what should be called pneumonia.

Dr. Gairdner does not advocate any one special system of treatment in pneumonia. He holds that what is to be treated is not so much *the pneumonia*, as the *individual patient*. Nevertheless, he thinks it right to state shortly the rules by which he has been guided in the administration of remedies. Among single drugs, antimony has been first on his list: the greater number of the cases (not excluding some of those which appeared most debilitated), which were attended by marked fever and oppresssion, had it in one shape or another; commonly in the ordinary form of tartar emetic, in doses varying from one-twentieth of a grain to one grain every hour or two. He has given the antimony *always alone*, *i.e.*, with nothing to mask its physiological effects; and has always simply withdrawn it, or diminished the dose, so soon as any form of unfavourable effect, such as vomiting, purging, or depression of the system, was continuously manifested. This he believes to be better practice, on the whole, than the current method of giving the antimony with opium. He has always withdrawn the antimony the instant the fever appeared to be decidedly checked, and the patient in the way of convalescence; having rarely found any relapse to follow from this practice, which has the great advantage of allowing the diet of the patient to be carefully adjusted to his capabilities of digestion in convalescence, without the chance of disturbance by a superfluous medicine. Very many mild cases, and some severe cases coming in late in the disease, have been treated by little more than common cough mixtures. Opium has sometimes been given, but chiefly as a palliative; calomel with opium (indeed mercury in any form) has been very little employed; having been given only in obstinately continuing condensations, and then only as an experiment, with great caution, and with little positive result. Blistering has been reserved, for the most part, for severe cases and obstinate condensations threatening to become chronic; poultices, warm fomentations, turpentine, and, more rarely, leeches, have been used as local applications in the acute stage of pain; chloroform, stimulating liniments, blisters, and iodine, at later stages, when pain was not removed. Blood-letting has been used in two cases by Dr. Gairdner, and in two or three more before the patient's admission. All that were bled did well, but Dr. Gairdner seldom sees cases early enough, and acute enough, and in sufficiently robust individuals, to justify the use of this remedy; in which, nevertheless, he has by no means lost faith, believing it to be both very useful in fit cases, and very apt to be made a bad use of in incautious hands. Stimulants, and especially ethereal stimulants, have been freely used in cases in which the vital powers seemed in danger of failing; and that, whatever the treatment in other respects may have been. He has, however, never

given stimulants very largely, or as a matter of routine, or of aliment; almost never in slight cases, or in the early stages of the disease; and very rarely indeed to young persons, or to those not habituated to the use of alcoholic drinks. Food has been given simply according to the patient's powers of digestion; neither withheld nor pressed: in the febrile period, bread and milk, or beef-tea with arrowroot, or both; during convalescence, a diet more generous and varied, but not over-stimulating. In all cases of doubt and difficulty, Dr. Gairdner says he has uniformly adopted the principle, that nature is to be trusted to a great extent; believing that patients will recover much better and sooner under no treatment at all, than under a routine treatment blindly enforced; or, in other words, that nature is a better manager than a bungling physician, who has always an inexorable system in hand to control her operations.

STATISTICS OF ANEURISM OF THE THORACIC AORTA.

In the *American Journal of the Medical Sciences* for January 1860, Dr. B. Darrach gives the following statistics of twenty-three cases of aneurism of the thoracic aorta from the records of the New York Hospital:—

The average age of 22 was 45 years, minimum 20, and maximum 70 years. Excluding four cases, in which the aneurism was very manifestly consequent upon cardiac hypertrophy, and in which the symptoms were lost in those of the disease of the heart, the average age is reduced to 34¼ years.

Fourteen were seamen; of boatman, steward of a steamer, coachman, carriage trimmer, butcher, gardener, bar-keeper, and keeper of a street stand, each one. No cause is mentioned, excepting in two cases. One had lifted a heavy weight a few weeks before, and the second felt something give way in his chest, and a warm gush, immediately after sexual connection.

Of the twenty-three cases, the aneurism occurred in the ascending aorta in three. Pain in the epigastrium was the only symptom noted in one of them, which ruptured into the pericardium. In this case a true aneurism arose from the junction of the heart with the aorta. In the other two cases, the symptoms of a false aneurism were merged in those of pleurisy in the one case, and of old cardiac disease in the other, of which the patients died.

Eight of the aneurisms arose from the arch. Three of them, the first, fifteenth, and twenty-first, were false, and connected with valvular disease of the heart in the first, and with fatty degeneration in the other two. These latter fell in the street, and were brought in moribund. The first had had pain in the breast and bronchitis for eight months, and died from rupture into the posterior mediastinum. In the third, fourth, seventeenth, and twenty-third the aneurism pressed upon the trachea, causing severe dyspnœa; in three of the instances paroxysmal. All excepting the seventeenth were characterised by a respiration which is described as crowing, stridulous, or wheezing. Dysphagia was a marked symptom in all but the last mentioned case. The third suffered from a violent pain in the side of the neck, and œdema of the face. His earliest symptom was dyspnœa. In this case a pulsating tumour appeared externally at the right sterno-clavicular articulation, and attained the size of a fœtal head. The fourth had been very much prostrated by a remittent fever, and a vigorous antiphlogistic treatment before admission. The aneurism was complicated with hypertrophy of the heart, and incipient phthisis. The seventeenth was taken suddenly, while aloft, with vertigo and dyspnœa. He had aphonia and bronchitis. All of those arising from the arch, excepting the first and twenty-third, whose history is given above, died apparently of exhaustion. The sixth died with pneumonia. The aneurism was only discovered after death. He had chalky concretions in his lungs.

In five cases the descending aorta was the seat of the lesion. Three of these were false. Two were associated with disease of the heart. All caused death by rupture, and in all there was caries of the vertebra. None produced any characteristic symptoms of their presence. Two, the second and twentieth, complained of lumbago; the thirteenth of pain in the side. In the twelfth the aneurism pressed upon the left bronchus, causing wheezing respiration, and feebleness of voice. The second ruptured into the spinal canal.

Six cases left the hospital. In another no *post mortem* examination was allowed. It, with two others, was distinguished by a peculiar loud ringing cough. Three presented a pulsating tumour externally, in two instances with a bruit; in another with downward displacement of the heart. One case was diagnosed by the bruit alone. The only other symptom was pain in the epigastrium and breast.

In the majority of cases pain seems to have been the earliest manifestation, as well as the most frequent and most constant in the course of the disease. It was the first symptom in thirteen out of seventeen cases, where the first symptom is mentioned, and existed in five-sixths of all the cases. It was sudden in its onset in three. No diagnostic value could be attached to its locality. Thus, of thirteen cases, it was in the left side of the neck, in one case; between the shoulders, and in the breast, one; nucha, one; epigastrium, right arm, side of the neck, and shoulder, and breast, each one; in the left side in three; and in the loins in two. The next symptom in frequency is cough, which occurred in ten cases, and is described as crowing, stridulous, or ringing; and laryngeal in three instances; spasmodic in one. The other symptoms are noted as follows:—Bronchitis in 5; emaciation 5; bruit 4; external tumour 4; dysphagia 3; dyspnœa 6; wheezing respiration 3; palpitation 3; tracheal rales 3; œdema and lividity of the face 1; displacement of the heart, tenderness of the tumour, convulsions, aphonia, and anæmia, each 1. After the bruit and the appearance of a tumour externally, the symptoms of interference with the respiratory organs seem to be the most uniformly characteristic. The wheezing respiration especially, was uniformly associated with pressure upon the trachea, or one of the large bronchi. In one case it was the diagnostic symptom. But in the aneurisms of the descending aorta, these symptoms were wanting, excepting in one case. A bruit is mentioned in but four cases, although it was carefully looked for in others.

The termination by rupture seemed to be most uniform in the descending aorta, while those in the arch generally terminated by exhaustion, or some accompanying disease.

Reviews and Notices.

Clinical Surgery. The Injuries and Diseases of the Nervous System. By Thomas Bryant, F.R.C.S., Assistant Surgeon and Lecturer on Surgery at Guy's Hospital. Part I., pp. 75. London: Churchill. 1860.

Mr. Bryant has applied himself to a task which we should much like to see undertaken in other hospitals besides that with which he is connected. The arrangement and classification of the numerous cases which stand recorded in the books of these institutions, and the judicious deduction therefrom of warrantable inferences, would do much towards the elucidation of doubtful points in practice, and the removal of incorrect ideas.

The first instalment of a work on clinical surgery is here presented by the author, who takes up as his text the subject of *Injuries and Diseases of the Nervous System.*

Beginning with a notice of scalp-wounds, Mr. Bryant states, that of 120 cases admitted into Guy's Hospital, 116 were simple, uncomplicated, and were all followed by recovery, without a bad symptom; in two, erysipelas occurred, and was successfully treated by iron and stimulants, with the application of flour to the head; in one, there was suppuration beneath the scalp, followed by exfoliation; in one, the hæmorrhagic tendency was present, and bleeding was arrested by perchloride of iron. In all these, good recovery took place.

Concussion of the brain is discussed under two heads—1, the simple form, where an interruption only of the functions of the organ follows the injury; 2, the complicated form, where the brain itself is injured and associated with extravasation of blood either upon or within its structure. Thirteen cases are recorded, each illustrative of some modification of the lesion.

Fractures of the skull are considered under the following heads:—1, fractures unassociated with any encephalic complication; 2, fractures complicated with simple concussion; 3, fractures associated with extravasation of blood external to the dura mater; 4, fractures complicated with extravasation of blood upon the surface of the brain; 5, fractures associated with extravasation of blood within the cerebral structure; 6, fractures complicated with depression of bone; 7, fractures

complicated with direct injury to the brain-structure; 8, fractures of the base of the skull. Of these several forms, twenty-six illustrative cases are given.

From a consideration of the whole subject of concussion of the brain and fracture of the skull, Mr. Bryant arrives at the following conclusions:—

"1. Injuries to the skull are of importance only in as far as they involve the cranial contents; the local mischief is of small importance compared with the intracranial; and uncomplicated fracture of the cranium is seldom followed by any injurious symptoms compared with any general injury to the cerebral structure.

"2. A slight concussion of the brain, whether associated with a fracture of the vault or base of the skull or not, will generally do well, and will be known by only a slight or temporary suspension of the cerebral functions, independent of the symptoms of local injury.

"3. A severe concussion of the brain, whether associated or not with fracture of the vault or base of the skull, is liable to produce primarily contusion or laceration of the brain-structure, either upon its surface or within its ventricles; extravasation of blood may also take place, either upon the brain or within its structure; and, consequently, if the primary effects of the accident do not cause a fatal termination, a secondary encephalic inflammation probably will.

"4. *Contre-coup*, the result of a severe shaking or concussion of the brain, produces severe contusion and laceration of the brain, and with such, extravasation of blood; but *contre-coup* never yet produced fracture of the skull, and it is doubtful whether it ever produced a rupture of the middle meningeal artery, and, as a consequence, extravasation of blood upon the dura mater and compression of the brain.

"5. A fall upon the vertex from a height, or a blow upon the head from a blunt instrument, may be followed by fracture of the skull, or otherwise; but such an accident produces, as a rule, a general concussion of the brain, and with this may be associated any of its complications, such as contusion or laceration of the brain, either upon its surface or within the ventricles, and consequently with effusion of blood.

"6. Falls upon a pointed object, and blows with a sharp instrument, as a rule, are followed by a local fracture; and if the brain is injured, it is at the seat of injury. As a consequence, the symptoms may be accounted for by local causes only, and the primary treatment to be adopted must be directed by local considerations.

"7. When symptoms of compression of the brain immediately follow any injury to the skull produced by a fall from a height, or a blow from a heavy and blunt instrument, the cerebral injury, as a rule, will be general, and the brain will subsequently be found contused and lacerated, particularly at the base, by *contre-coup;* and if extravasated blood should be found external to the dura mater, blood will also be found upon the surface of the brain, or within its membranes.

"8. If symptoms of compression of the brain follow a local injury produced by a fall upon a sharp object, or a quick blow from a pointed one, such symptoms, as a rule, are produced by local causes, such as depressed bone, or extravasation of blood from rupture of the middle meningeal artery.

"9. Such local injuries, when giving rise to general symptoms, should be treated by elevation of the bone, if depressed; but if no general symptoms are present, unless the bone is comminuted and can be easily removed, no operation is indicated; a local pressure of the brain alone, when uncomplicated with symptoms, generally doing well.

"10. When compression of the brain follows as a secondary result of a local injury over the course of the meningeal artery, that is, after an interval of time, when reaction has been established, although no depreessed bone may be present, it is probably produced by a rupture of one of the arterial branches; the operation of trephining may then be performed with a chance of success, although it is rare to find a very local extravasation, the blood generally passing downwards towards the base, where the operator cannot reach.

"11. When compression of the brain follows, as a secondary result, a general injury—although that compression is evidently produced by extravasation of blood—the operation of trephining is useless, if not injurious; for although blood may be effused from rupture of a meningeal artery, there will certainly be found some contusion or laceration of the brain itself, or extravasation within its membranes, which the operation cannot relieve, but is sure to increase.

"12. Encephalic inflammation may follow any concussion or injury to the brain, however slight, whether complicated with fracture or otherwise; and the danger of such a result is in proportion to the encephalic injury. In cases of contusion or laceration of the brain, with extravasation of blood, it is almost sure to follow, and, as a rule, it will produce a fatal termination. This inflammation may appear within a few hours of the accident, or it may be postponed for some days; it may be very rapid in its course, or very insidious in its nature. If the brain itself is the seat of the disease, it is generally insidious, and either a diffused or local abscess will subsequently be detected; but if the membranes are involved, effusion, coma, and death will rapidly take place.

"13. The operation of trephining is perfectly useless in cases of severe concussion of the brain, whether associated or not with fracture, although it may relieve compression of the brain from local conditions; for the brain is generally injured by *contre-coup* at its base, or in positions where no operation can be of benefit, but must prove injurious.

"14. The operation of trephining may prove of value in local injuries to the skull or brain, when associated with symptoms of compression and depression of bone, or from the local extravasation of blood. In the former case, when the brain and membranes are uninjured, success may fairly be anticipated; but in the latter, the chances are decidedly against it, as blood, if effused, is seldom local, but passes downwards towards the base.

"15. Fractures of the base of the skull may take place alone, and be marked by only special symptoms; they may be associated with, and are generally found in, all severe fractures of the vault, when produced by a heavy fall or blow, the fissures radiating downwards in a direction parallel to the forces employed.

"16. Fractures of the base may be complicated with encephalic injuries similar to the fractures of the vault, and may consequently be manifested by general symptoms as well as special ones, in severe cases the former completely masking the latter; the injury, however, may generally be diagnosed, the mode of injury indicating the probability of its occurrence." (Pp. 56-59.)

In the last chapter, the author examines the subject of fractures and dislocations of the spine; but he purposely omits noticing those injuries of the cord which may be considered as the analogues of cerebral concussion, and refers, for information on this subject, to a paper published by Dr. Gull in the *Guy's Hospital Reports*. We wish that he had extended his work so as to include these lesions, and trust that in his next part he may devote a chapter to the subject.

If the remaining portions of Mr. Bryant's work on *Clinical Surgery* prove as good as the part before us, the author will have performed, with credit to himself, a labour of much usefulness to the profession of surgery.

Hæmorrhoids and Prolapsus of the Rectum, their Pathology and Treatment, with especial Reference to the Application of Nitric Acid. By Henry Smith, F.R.C.S., Surgeon to the Westminster General Dispensary. Second edition. 8vo, pp. 108. London: John Churchill.

The present simple method of operating for fistula *in ano* is not a greater advance on that complicated proceeding to which Louis XIV was submitted, than the application of nitric acid for the cure of piles surpasses in simplicity the lately fashionable ligature, or the less recent and more dangerous removal by excision.

Hæmorrhoids is one of those diseases which persist by cause and effect continuing a vicious circle; that is to say, the cause of the disease and the disease itself go on continually reproducing each other; excessive irritability, in the first instance, gives rise to the protrusion of the gut; under the grip of the sphincter, the irritability, and the congestion, probably the origin of the irritability, are maintained or increased. In like manner, in some forms of chronic ophthalmia, the hyperæmia of the conjunctiva calls into existence redundant eyelashes, which, crowded and irregular, turn against the eyeball, and thus sustain the inflammatory condition of the whole mucous surface, setting any possible efforts of the *vis medicatrix naturæ* at defiance.

Let us examine the effect produced upon an inflamed, excoriated, or superficially ulcerated surface, by nitric acid. The acid *coagulates* the tissues with which it comes into contact. There is no corrosive nor solvent action; on the contrary, consolidation and contraction take place, with the instantaneous extinction of vitality, and consequently of sensibility; the morbidly sensitive extremities of the nerves are destroyed, as nerves; sympathetic irritation is as effectually extinguished as in the case of evulsion of the filament of the dental nerve for neuralgia from a carious tooth. In place of an exquisitely sensitive vascular tapetum, there remains a perfectly adapted protecting lamina, for the separation of which a new action, essentially healthy in its character, soon becomes established. Now, when the pile consists of the congested, œdematous, perhaps hypertrophied, and oversensitive mucous membrane, with dilatation of both veins and arteries, the healthy special process called into activity by the escharotic appears to lead to further general healthy processes throughout the whole of the affected tissues, and thus brings about a complete removal of the whole disease.

Mr. Smith has previously urged upon the notice of the profession the value of the nitric acid treatment for internal piles; and he now corroborates his former recommendation of the remedy by giving detailed particulars of numerous cases. He, however, by no means commits himself to the statement that no other treatment but that by nitric acid can be in any case required, or that even nitric acid alone is sufficient. Mr. Smith insists on what we believe to be a very important practical point; namely, the removal, by cutting either with the scissors or the bistoury, of any lax folds of skin and membrane at the margin of the anus.

One very great advantage of the treatment specially advocated in Mr. Smith's work is its absolute safety, and being almost painless. In case of failure, nothing can be lost but a little time.

Mr. Smith has, even in prolapsus of the gut, applied nitric acid to the surface exposed, almost in the same manner as to pile. He expresses himself surprised and satisfied with the result. With regard to the treatment of external piles, we must not lead the reader to conclude that to the congested venous nodule so often met with in the shape of an external pile, and so often the cause of intense discomfort, nitric acid is applicable; the easy, certain, and rapid remedy for it is a free slitting up of the venous cyst with the bistoury.

We must accord to Mr. Smith at least an acknowledgment of the frank and straightforward manner in which he recounts his views, his hopes, and fears of his cases, and in which he advocates a method of treatment which is doubtless less painful, more expeditious, and more successful, than that usually adopted.

The Indian Lancet, or Medical Officer's Journal. Lahore: 1859.

We have received during the last few months several numbers of a medical periodical published at Lahore, under the title of the *Indian Lancet, or Medical Officer's Journal.* A considerable portion of the periodical is occupied with a discussion of the position of Medical Officers of Her Majesty's Indian Army; and notice is taken of the various changes occurring from time to time in the staff. Original articles—which we trust will be furnished in yet greater number—are also inserted: and the editor endeavours to keep his readers up to a knowledge of the advance of practical medicine in Europe. The conductors of the *Indian Lancet* have probably had difficulties to contend with, which have prevented them from producing such a journal as we should expect from an English press; but we doubt not that, as these difficulties shall be smoothed down, a periodical of great excellence, and one altogether creditable to the profession in our eastern possessions, will be published. For the present, the *Indian Lancet* has our hearty commendation for good intentions, and for the healthy tone of professional feeling which is manifested in its pages; and our best wishes for its prosperity and success.

British Medical Journal.

SATURDAY, MARCH 24th, 1860.

WHOM SHALL WE HANG?

When the foreigner sails up Southampton Water in any of the Peninsular Company's steamships, he is struck with the magnificent appearance of the new Government Hospital on its left bank. The munificence of the country which without stint erects such noble (looking) palaces for its invalid soldiers, must impress his imagination with the care we take of those poor shattered soldiers who come home to recruit, after saving our empire in the East. Worthy Government! worthy of a great people! he will involuntarily exclaim. To live a lifetime in India, to battle for every inch of ground on which they stand, to see their wives and children slaughtered before their eyes, is indeed a hard lot; but a grateful country chronicles their heroism, decorates their martial breasts, and rushes with open arms to cheer and nourish them after their lifelong struggle is at an end. On the sunniest bank of one of our fairest estuaries we build them (as far as outside appearances go) a hospital, whose cost is reckoned by the hundred thousands; and here, in the warmest lap of old England, we bid them lay their languid limbs, and recruit their shattered bodies in peace. Such is the pleasant picture a foreigner may fairly draw from appearances; nay, such is the picture Englishmen have a right to see realised, after so freely paying the cost.

But what is the real fact? We are accustomed to grow sentimental over the wrongs of the slave trade, and to shudder at what are termed the horrors of the middle passage; but will it be believed that our Government treat our own heroic soldiers almost as badly as slaves just fetched from the Guinea coast, and deliberately starve and poison them on their passage home, after a seventeen years service in India? The *Great Tasmania* sailed from Calcutta on the 9th of November last, with a thousand troops on board. Here was error number one; as it was stated by the surgeon in charge, Dr. Fernandez, that she was not calculated to carry more than five hundred. She had, indeed, on a former occasion, been chartered by Government to carry four hundred emigrants; but sick soldiers must not count upon such accommodation as emigrants! Thus crowded with troops, many of whom had been nearly three months on the march previous to having embarked, with the most imperfect ventilation (only twenty-two square feet for each individual), the shipload was started without sufficient clothing. "The Government supplied no blankets for hospital purposes"; the consequence was, that the poor soldiers, enervated by a hot climate, were shivering all the voyage. But worse is still to come. The food was nearly all bad; the biscuits were full of weevils, and so hard that they would not soften with any amount of soaking. "The worst biscuits", said Dr. Fernandez, "in the tanks, were so

much fermented that, if a person held his hand in, it would be scalded"; and another witness deposed on the inquest that the bread was full of insects a quarter of an inch long. This perished bread and meat was well garnished with effete lime-juice—watered lime-juice; and there were no vegetables on board other than indifferent potatoes; even the vinegar was bad. These stores *were supplied by the Government!*

Any medical man will see in an instant that the horrible mess was concocted expressly to produce scurvy and dysentery, and the result did not belie the careful manner with which the causes had been provided. Five hundred of the soldiers, one-half of their number, were infected with scurvy during the voyage; and with their tender, bleeding gums, Dr. Fernandez tells us he had the greatest difficulty to make them take food and prevent their being starved. Of the five hundred, fifty died on board; and, on the ship's arrival in the river Mersey, the workhouse authorities were obliged to send down coverlets to keep life in the emaciated soldiers, one of whom died in the cart in which he was being conveyed to the hospital. In this brave manner the gallant fellows, whose heroism has made England ring with admiration, touched the British strand! The inquiry which was immediately instituted, and which is still progressing, with respect to this horrible scandal, will, we trust, put an end for ever to such occurrences for the future.

We confess, however, there is one point which we think should be explained. Dr. Fernandez, a retired surgeon of the Madras service, was in charge of the troops coming home. What protest did he make against all this bad food, overcrowding, and detestable ventilation? What inquiry did he make for vegetables, and for pure lime-juice—having the charge of one thousand men, as he had, for a five months voyage? He tells us that the government authorities did not visit the ship after the troops were on board. But did that exonerate him from his responsibility? Did it not rather place a heavier duty upon him? The newspaper reports may be inadequate, and we should be sorry to misjudge a medical officer; but, for all we can see to the contrary, Dr. Fernandez knowingly allowed the ship to go to sea without one single requisite necessary to ensure the health of the troops under his charge. He endeavours to charge the great mortality upon the dissipated habits of the soldiers before embarking; but the *post mortem* examination held on those who died at Liverpool leads to no such conclusion. Mr. C. Prytherch examined five of the deceased, and "found all their livers wholesome and in a healthy state". This fact certainly does not second Dr. Fernandez' charge of drunkenness; and he cannot in any way get over the fact that every other man suffered from scurvy during the voyage—a disaster which has not been matched among Englishmen since Anson sailed the seas.

We protest with all our strength against the perpetration of such enormities—enormities of omission, it is true; and we may well ask the question, Whom shall we hang? It is in vain that we rear splendid hospitals for our sick soldiers from the East, if we thus squander their lives on the way to them. It is in vain that we attempt to teach even the very first principles of military hygiene, if scientific efforts are to be frustrated by the cold neglect of Government; and we may add, it is in vain for us to attempt to hold India with Europeans, if we requite their life-long services after the fashion of those starved and poisoned on board the *Great Tasmania;* for the day will inevitably come when the soldier will not enlist for such a service; and what then will become of our magnificent Eastern empire?

COTTAGE HOSPITALS.

The remarks on the Cottage Hospital system in the Journal of March 3, have, we are glad to find, called forth a number of inquiries on the subject, some addressed to ourselves, and some to our associate, Mr. Albert Napper, of Cranley, near Guildford, the chief promoter of the Cottage Hospital at that place. As a means of answering the questioners in the most satisfactory way, Mr. Napper has very kindly furnished us with a copy of the rules of the Cranley Hospital. At the same time, he will have much pleasure in replying to communications on the subject, or on particular points relating to it. He makes also the following suggestions, which are very important.

1. The Hospital should be made as much as possible self-supporting.

2. It should be on a perfectly independent footing, and under the management of a *small* Committee.

3. Whilst admitting gratuitously all destitute persons, it should receive those of a better class, by the reception of a small payment (generally paid by their employer or friends.)

4. Boards of Guardians should be solicited to aid the scheme, by allowing the Medical Officer, as well as the Relieving Officer, the power of providing for the patient in the same manner as though he were a pauper in his own parish.

5. In rural districts it will be advisable to include an area of three or four miles; and as this will generally embrace the practice of two or three surgeons, each should in the event of one of *his* patients being admitted, have the privilege of visiting the Hospital at his pleasure, and advising, with the Medical Officer, respecting the treatment; and in the cases of a pauper, for whom he would have been entitled to an extra fee, if attended in his own parish, he should be allowed to make his claim as usual on the parish.

The following are the rules of the Cranley Cottage Hospital:—

"1. The hospital is designed for the accommodation of the poor when suffering from sickness or from accident.

"2. The establishment shall consist of a regular nurse, and another woman for the necessary work of the house. (A lady has also kindly promised the benefit of her assistance in all special cases.)

"3. The nurse shall, at such times as her services are not required in the hospital, attend poor women, at their own homes, during their confinements or other illnesses, on the payment of the usual fee.

"4. Patients shall be received on the payment of a weekly sum, the amount of which, dependent on their circumstances, is to be fixed by their employer, in conjunction with the manager of the hospital.

"5. Admission of patients shall be granted by the manager on consultation with the medical officer.

"6. The medical department shall be under the control and superintendence of A. Napper, Esq.

"7. The domestic arrangements shall be under the management and supervision of some of the ladies of the parish.

"8. Every requisite shall be provided in the hospital, and patients may not receive food or drink from any other source without the sanction of the medical officer.

"9. The funds for the establishment and support of the hospital shall be raised by voluntary contributions, and a statement of the receipts and expenditure (examined by the trustees) shall be printed once a year, and duly forwarded to each subscriber.

"10. All subscriptions shall be payable yearly, and in advance, on the 1st of October, and any of the trustees shall

receive donations and subscriptions, an account of which shall be rendered to the treasurer.

"11. The furniture and all other property of the hospital shall be vested in the trustees."

THE WEEK.

Legislative interference, with respect to the labour of women and children, has been acknowledged to have proved a complete success. Lord Ashley's ten hours' bill has thrown the shield of the law over poor helpless children in the cotton spinning and weaving manufactories, and legislative enactments have put an end to the inhuman labour forced upon women in coal pits; there seems to be every probability that the same legislative interference will be extended to the children employed in the dyeing and bleaching works, as the second reading of Mr. Crook's bill for the shortening of the hours of labour in these factories was carried, on Wednesday, by a majority of 187 in the House of Commons. If the statement made by Mr. Roebuck, with respect to the frightful overworking of children in these works be borne out by fact, their case is still more heartrending than even that of the factory children of old was. In one case these poor helpless creatures were worked twenty-five hours at a stretch, in another twenty-three hours; and one child asserts that she once worked three days and three nights, sleeping only at meal times. In the course of their work, the skin of their naked feet, it is asserted, is often torn; and they are kept awake at their tasks by the overlooker "beating on the table with a board". If these are facts, Mr. Roebuck was justified in appealing to the gentlemen of England to put an end to such a dreadful state of things. The future of such young girls, in a physical sense, must be miserable indeed; and the legislature is but fulfilling its duty in protecting the future mothers of our race from the degeneration such excessive labour must entail upon them. It is evident that the law must be called in for the protection of many classes of the working population at present slaving to the destruction of body and soul. The milliners in the large London establishments are suffering a frightful mortality, in consequence of the prolonged labour they undergo during the season; and every other man among the low-priced bakers *spits blood*. The political economists tell us, we know, that we cannot interfere with adult male labour; but we doubt whether a mere dogmatic assertion of this kind will be able to maintain its ground against the fact that a very frightful mortality obtains among any class which can be prevented by government interference. We have government inspection of coal-mines—why not of bakehouses? which are far more destructive to human life in the long run, if the sudden mortality in them is not so great.

The dispute between the Medical Officers of the Bedford Infirmary, and the weekly committee of the Institution, to which we made reference in the Journal of March 3, was again brought under the notice of a special meeting of the Governors of the Infirmary, on Monday, March 12th. The feeling of the meeting was in favour of adopting a conciliatory course, and retaining the services of the gentlemen who had offered their resignations. At the same time, objection was made to granting all the concessions demanded by the medical officers; and Colonel Higgins, one of the governors, moved the following resolution, which was unanimously adopted:—

"That this Board deems it expedient that the medical staff, being eligible as governors, should be represented in the Committees; that, as this arrangement will render the institution conformable to the practice of most of the infirmaries in the kingdom in relation to the medical officers, and remove the objections raised to the constitution of the Committee, the Board trust that the adoption of it will induce the medical officers who have resigned to withdraw their resignation."

We understand that the medical officers of the Infirmary do not regard this resolution as placing them in a position to withdraw their resignation; and that a communication on the subject from them will be taken into consideration at a special meeting of the Governors on April 2nd. The resolution certainly does not appear sufficient. It omits all reference to certain points, in which the medical officers consider that functions proper to them have been encroached on by the Weekly Committee of the Infirmary. Further, we do not think that the eligibility of the medical officers of public medical institutions to serve on committees rests merely on their "being eligible as governors." This ground merely affords them a right of being elected, in common with some hundreds of governors: whereas they constitute a body of men whose position and services in the institution gives one and all of them, in our opinion, an absolute claim to a full voice in its management.

Association Intelligence.

SOUTH-EASTERN BRANCH:

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS.

The third of the present series of these district meetings will be held at the Town Hall, Gravesend, on Friday, March 30th, at 3.30 P.M. Dinner (punctually at 5·30 P.M.) will be prepared for those who may be able to remain.

Gentlemen intending to dine, are requested to give an intimation thereof to Mr. Dulvey, of Brompton, Chatham, or to Dr. Armstrong, of Gravesend, on or before Wednesday, March 28th.

Trains will leave Gravesend for London, and also for Rochester, Maidstone, and Sittingbourne, at 8.19.

James Dulvey, *Honorary Secretary.*

Brompton, Chatham, March 1860.

DUBLIN BRANCH: ANNUAL MEETING.

The Second Annual Meeting of the above Branch was held in the Board Room of the Apothecaries' Hall, Dublin, on Friday, March 16, 1860, at three o'clock; W. D. Moore, M.B., M.R.I.A., President, in the Chair.

Several members paid their subscriptions for the current year.

The following resolutions were proposed, seconded, and passed unanimously:—

1. That W. Madden, sen., M.D., be requested to accept the office of President of the Branch for the ensuing year; and that W. J. Harrison, Esq., be elected Vice-President.

In the absence of Dr. Madden, Mr. Harrison took the Chair, and returned thanks for his election.

2. That Wm. Gorman, Esq., be requested to continue in the office of Secretary.

3. That the grateful acknowledgments of the Association are due to the Governor and Council of the Apothecaries' Hall of Dublin, for their efforts to maintain the legal rights and to advance the interests of the profession.

4. That the marked thanks of this Association be given to Dr. Moore, our late President, for his efforts to promote the objects of the Association during the past year; and that the Association express their deep sense of Dr. Moore's great urbanity of manner, and of the high literary and scientific position which he deservedly occupies in the profession, of which he is so distinguished an ornament.

The meeting then adjourned.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, March 19th, 1860.

John Cockle, M.D., in the Chair.

ON PAINFUL ULCER OF THE RECTUM. BY HENRY SMITH, ESQ.

The lower part of the rectum and the anus are liable to affections of an interesting kind to the surgeon. The numerous breaches of surface of these parts, although varying in place and in extent, are characterised by great pain, dependent in great part on the contraction of the sphincter ani. The simplest form of ulcer is a slight ulceration round the anus, not extending into the gut; the pain in them is only temporary, and when produced by introducing the finger, soon goes off. The principal treatment necessary is cleanliness, two or three applications of solid nitrate of silver, and subsequently black wash or some similar remedy. This form of ulceration is frequently met with in connection with syphilis.

The next form is where the ulcer is partly outside the anus, and partly in the rectum. There is severe pain on passing the contents of the bowels, lasting some time—even for hours—afterwards. There is also more or less discharge of blood; and in all cases, a purulent discharge. On examination, nothing is seen but a pile-like tumour, of about the size of a currant, generally at the posterior part of the anus, with an ulcer at the base. Sometimes the ulcer extends too far into the rectum to be seen; but it may be readily detected by the finger; the act of introducing the finger causing intense pain. The ulcer is generally round or oval, sometimes as small as a pin's head or split pea. Its surface is sometimes grey, sometimes red; the edges are raised. Sometimes there are two separate ulcers. A small ulcer may be hidden by the rugæ round the anus; hence, in examination, it is advisable to have a good light. The ulcer probably arises from a slight breach of surface produced by straining, which is kept up by want of cleanliness. In other cases, it may arise from a limited abscess.

There is in these cases of painful ulcer a strong action of the sphincter; and it is most likely that in all cases of spasm of the sphincter there is some ulceration. The painful ulcer is so often attended with piles, that it probably often arises from the ulceration of one of those tumours.

The treatment consists in the use of local agents and of the bistoury. In the milder cases the cure may be brought about by cleanliness, attention to the bowels, and attention to touching the parts with nitrate of silver or sulphate of copper. This should be followed up by the use of lotion of nitrate of silver or black wash; and a bougie may be introduced.

In the more severe cases, a modification of Boyer's operation of dividing the sphincter ani is generally now adopted. The operation, as performed by Boyer, succeeded in many cases; but the late Mr. Copeland shewed that it is only necessary to divide the ulcer in its long axis; and this opinion has been confirmed by other surgeons. The relief is most remarkable, even at the first evacuation of the bowels. The operation is simple. The bowels having been well cleared, the left fore-finger is introduced, and a straight knife is carried through the whole length of the sore. An assistant should hold the anus open during the operation. Scarcely any dressing is required beyond a dossil of lint dipped in oil, for two or three days. The bowels should not be allowed to act for two days. If necessary, a dossil of lint dipped in a solution of sulphate of zinc will expedite the healing process; and Ward's paste will also be of ervice.

The principle of Boyer's operation is to bring the parts into as perfect a state of rest as possible. It is analogous to the division of the levator palati in Mr. Fergusson's operation in staphyloraphy, to the swinging of the leg in cases of fracture, and to the application of a splint to the arm and hand in wrist-drop. It may be objected, that the mere division of the ulcer does not carry out this object. The author thought, with Mr. Curling, that, in reality, some of the fibres of the sphincter must be included in the incision; for he had found, on introducing the finger after operating, that the sphincter ani was considerably relaxed, as if some of its fibres had been divided.

Mr. Smith related some cases illustrative of the details of the disease and the treatment; and then proceeded to observe that it is important to make a careful examination where there is a painful affection of the rectum, as the ulcer may readily be overlooked, especially if there be piles. He believed that many females had been treated for uterine disease when, in fact, they were suffering from disease of the rectum. Mr. Baker Brown had already called attention to this subject. The painful ulcer of the rectum is more frequently met with in women than in men, in the proportion (according to Mr. Smith's experience) of at least two to one.

There is one form of fissure of the anus which has not the character of the disease now described, although many surgeons have described all ulcers of the rectum under the name of fissure. The true fissure consists in one or more cracks in the skin or mucous membrane, but not extending into the rectum. Sometimes there is great pain; but, on examination, nothing can be found but a long split. The treatment consists in procuring an evacuation of the bowels, and in cleanliness. It generally occurs in persons who sit much; and therefore exercise is to be recommended. Some moderate stimulation may be sufficient; but incision may be necessary. In conclusion, the author stated that the points which he had wished to bring out were:

1. The painful fissure or ulcer of the rectum is entirely local in seat and origin. It is nearly always situated at the posterior verge of the anus, and nearly always occurs in women.
2. Its existence is very likely to be overlooked.
3. Caustics may be sufficient in some cases; but, in most, incision of the ulcer is necessary for a cure.

Mr. Brown had paid much attention to the subject. The operation of incision was exceedingly simple. For many years he had been unable to make out the cause of these ulcers; but now he believed it very commonly to be the following. They are almost always found posteriorly. If the finger is passed up, there will almost always be found a little pedunculated polypoid growth on the opposite side, which falls down on the ulcer, and keeps up an irritation. If removal of this growth be neglected, the ulcer is liable to return. He believed this to be the general pathological cause. The patients have always a feeling after evacuation as of "sand passing over a red-hot surface"; this confirmed, Mr. Brown thought, his idea. He also referred to the frequency of the ulcer in females, and expressed his opinion that many cases treated for uterine discharge were really cases of reflected affection from ulcer of the rectum. He related several instances of the kind which had come under his notice, and had been treated successfully by operating on the ulcer of the rectum.

Dr. W. R. Rogers had seen several cases of the kind described by Mr. Smith. He agreed as to the intractability of most of the ulcers lying within the sphincter, unless they be treated by the knife. After using the knife, he was in the habit of throwing in a little solution of opium, and then applying a solution of belladonna in glycerine on lint. He had never known a case of supposed uterine affection to really consist in ulcer or fissure of the rectum. In several of the cases he operated on, the pain had been so great that he was obliged to use chloroform; notwithstanding that he understood Mr. Smith and Mr. Brown to operate without it.

Mr. H. Lee thought that confusion was often produced by naming a disease from one symptom. In the present instance, he did not believe that pain was a constant symptom. He had seen cases of ulcer of even long duration, exactly resembling the painful fissure, but without the acute pain. In the cases he had seen, there had been dull heavy pain in the perinæum and down the thighs, with much mental prostration and loss of health. On discovering the ulcer, and curing it, all the symptoms were removed, although they had continued for years. He was not satisfied as to the alleged cause of the pain. He did not often use the knife. As a local application, he recommended tannate of glycerine.

Mr. Price, as far as his reading and practical experience went, thought our pathological knowledge of the ulcer of the rectum very imperfect. He had seen in the course of the day two cases, one syphilitic, the other from a cause which he could not yet assign. In the latter case, he had divided the ulcer and fissure three times, and it had refused to heal. The patient had been brought to him for an uterine affection. He advocated the use of chloroform, to save pain in the introduction of the finger, to ascertain the exact extent of the lesion, and to perform the operation efficiently. If the patients are placed on the left side, as is often done, it is impossible to operate satisfactorily without the administration of chloroform. He confirmed the observation of the occurrence of fissure at the posterior part of the rectum. The disease is very rare in children—if, indeed, it ever occurs in them.

Mr. Gay differed from Mr. Smith as to the name. The disease, he thought, is not an *ulcer*, but a *fissure;* in many cases, the ulcer is liable to be overlooked in searching for a fissure. He agreed with Mr. Lee that the cases differed very much as regards pain. He thought the pain due rather to the idiosyncrasy of the patient than to any other cause. The principle of the treatment is simply that of absolute rest. The same rule applied in deep seated abscess leading beneath muscles, which, from their not healing, give rise often to the idea that there is diseased bone. In dividing, it is not always necessary to cut through the ulcer itself; it may be sufficient to cut alongside of it.

HARVEIAN SOCIETY OF LONDON.

Thursday, March 1st, 1860.

Henry Thompson, Esq., President, in the Chair.

Cases of hydatids of the liver, and abscess of the liver, were recited by Dr. C. Handfield Jones and Dr. Headlam Greenhow.

ON THE IMPORTANCE OF THE FUNCTIONS OF THE SKIN, IN THE PATHOLOGY AND TREATMENT OF TUBERCULAR CONSUMPTION.

BY A. TOULMIN, ESQ. (ST. LEONARD'S.)

The author commenced by offering, as the proximate cause of tubercle in all cases, the breathing of impure air, and air in so small a quantity as to render it impure, especially during the night. Wherever this was the continuous state of existence, the result must be a deficiency of oxygen in the red corpuscles of the blood, and as the consequence of this, the deposition of plastic fibrine in an incomplete state of oxygenation, and therefore of organisation, and thus incapable of being ultimately got rid of by change of matter. It consequently remained as an extraneous adventitious substance in the system, offering to the observer all the characteristics of tubercle.

To explain the discrepancy which appears in the rich (who have no want of oxygen in the air they breathe), being equally subject to phthisis with the poor, he drew attention to the importance of the respiratory functions of the skin, as proved by the almost instant death that occurs on closing the cutaneous pores by artificial means, as by varnishing and gilding the skins of rabbits and other animals; and he observed that, in consequence of the coldness of our climate and other causes, the better classes of society were certainly not in the habit of making the washing the whole surface of the body a part of their daily toilet; and consequently, that the exuviæ momentarily forming on the surface of the skin—the joint production of the sordes from within, combined with the *débris* of the cuticle—soon became more or less impervious, although the individual might be in the habit of changing his linen daily.

As an illustration of this state of skin, the author referred to acne so frequently seen on the face, as being in reality the general state of the skin of a large proportion of society, especially in the earlier periods of life, when phthisis generally shows itself. The free entrance of air, as well as the exit of carbonic acid through the skin, being thus impeded, the same imperfect oxygenation of the blood ensued, as was produced in the poorer classes, by breathing mephitic air. For the removal of this state of skin, the only means of cure were to be found in the instituting a full and free diaphoresis by the aid of artificial heat; the result of which in first softening and then expelling large quantities of inspissated sebaceous matter, after the surface of the body had been washed clean with soap and water, was most surprising.

The use of the hot air bath, as a therapeutic agent, was no innovation on the established practice of the profession, as it was the mode of bathing practised by Hippocrates, Galen, and Celsus; and the universality of the practice was shown by the fact that the remains of such baths had been found in every colony of the Roman empire.

If tubercle be imperfectly organised fibrine, then it should be looked upon as a blood-disease; and, seeing it is found in other parts besides the lungs, without destroying life, its deposition in them should not be considered as disease either of the lungs or air-tubes, but as an accidental circumstance, killing mechanically, by its ulceration extending to the surrounding lung-tissue. The author called in question the propriety of sending consumptive patients abroad to a warm climate during any stage of the disease; as although, in the later stages of the complaint, when the air-tubes sympathised with the tubercular irritation, a warm atmosphere seemed more congenial to the patient's feelings; still, in the earlier stages, when a cure was practicable, the breathing the open air of our winter (at least, on the south side of the island) was most important. He instanced, as proof that the breathing cold air did not cause the complaint, the fact that tubercular consumption is not to be met with in high northern latitudes.

The treatment of phthisis was considered under its hygienic and medical aspects. Under the former, and particularly in the earlier stages, the patient was recommended to live in a high, dry, and marine atmosphere, on the Downs, rather than under them; to be as much as possible in the open air; to use all sorts of athletic exercises (avoiding such as accelerate the pulmonic circulation) suitable to the strength and sex of the patients, by which a more rapid change of matter is effected, together with absorption of already deposited tubercle; as well as the deposition of more healthy—*i. e.*, of more highly organised matter. Medically, the treatment was comprised in a few short aphorisms; which were, 1. The keeping the functions of the skin in healthy action by means of the hot air bath; 2. The anointing the whole surface of the skin daily with some oleaginous matter; 3. The keeping a local ulceration always patent by means of an issue or seton; and 4. The use of some one or more of a large variety of tonic and antiseptic medicines: all admirable adjuvants in improving the general health (if sejected in conformity with the function most sympathising with and reacting on the disease), but powerless in arresting the specific lesion in question, without the previous "Open Sesame', of the hot air bath, followed by aspersion of cold or tepid water.

An animated discussion ensued, supported by Mr. Sedgewick, Dr. Handfield Jones, Dr. Headlam Greenhow, Dr. Browning, and Dr. Hart Vinen.

Editor's Letter Box.

ON SUPPORTING THE PERINÆUM.

Letter from R. U. West, M.D.

Sir,—I still retain the opinion expressed in the short letter which you did me the favour to publish in the Journal of the 25th ult., that more mischief is likely to result from the practice of *supporting* the perinæum, than from what is called the "diametrically opposite" plan of *letting it alone.* It is not now my intention to re-argue the question. I must, however, be allowed the privilege of protesting against the unfair assumption of one of your correspondents, who subscribes the initials J. M. G., to a letter published in the Journal of the 17th inst.;—that, because I say, "let the perinæum alone"—*i.e.*, don't *support* it—I would, therefore, let the *patient* alone, whatever the circumstances.

In the following case, which occurred to me only last week, although I let the perinæum alone, I did not let the patient alone; as will be seen.

On the 9th inst., I was called in to assist a junior practitioner in the management of a difficult case of midwifery. I found the fœtal head impacted in the pelvis in what is called the second cranial position. It had been so impacted, I was told, two or three hours; and I soon found that the pains, strong and frequent though they were, were producing no effect. I at once applied the long forceps, and having locked the handles, I offered them, with my pocket-handkerchief twisted round them, to my young friend, saying: "Now, then, pull away." But he said: "No! *you* may deliver, and I will support the perinæum." I said, perhaps unwisely, "Let the perinæum alone"; and proceeded to extract the child, which was found to weigh 14 lbs. avoirdupois. The perinæum was uninjured. I am, etc.,

R. Uvedale West, M.D.,

Vice-President of the Obstetrical Society of London.

Alford, Lincolnshire, March 17th, 1860.

ON SUPPORTING THE PERINÆUM.

Letter from T. H. Jackson, M.D.

Sir,—In reply to Aliquis, I have found nothing more effectual in preserving the perinæum intact in parturition than supporting the perinæum with the left hand whilst I retard the too rapid exit of the head and shoulders by counter-pressure with the right hand. I believe that the shoulders more frequently produce laceration than the head. When the

vagina is dry, and the external parts rigid, I give a quarter of a grain of tartarised antimony with ten grains of nitrate of potass every half hour, until nausea is induced. I believe this even more effectual than chloroform in producing increased secretion and relaxation. This treatment was first proposed by Mr. J. Stedman of Havant, in Hampshire, and was made known to the medical profession through the medium of Braithwaite's *Retrospect of Medicine*, vol. xxvii, p. 222. I have tried the plan, and can speak confidently of its efficacy in expediting parturition. I am, etc.,

Thomas Hayes Jackson.

Darlington, March 17th, 1860.

ON SUPPORTING THE PERINÆUM.

Letter from William Leishman, M.D.

Sir,—As the subject of laceration of the perinæum is one to which I have paid considerable attention, and as my name has been mentioned in the correspondence which has appeared in your Journal, as the author of a paper on the subject in the *Glasgow Medical Journal*, you will perhaps allow me briefly to answer the question of "Aliquis".

I much fear that your correspondent, perplexed as he was before, must be more than ever puzzled by the conflicting rules which have been offered for his guidance. Nor have I much hope of dispelling his doubt and uncertainty by any arguments which I may adduce; but would rather recommend him, while he allows his judgment to be led by the *ipse dixit* of no man, carefully to study the subject for himself, when I have little doubt that the conclusions at which he will arrive will be much nearer those of Dr. Uvedale West, than those which dictated Mr. Smith's sneer at his "old pupil".

If, in the first place, "Aliquis" will take the trouble to study the history of rupture of the perinæum, or rather of those methods which have been adopted for its prevention, he will find that this system of mechanical support is one which dates only some eighty years back; while he will fail to discover that the accident was either more frequent or more serious before this period than it has been subsequently. If he will then consult the works of Dewees, Burns, Baudelocque, Mauriceau, Guillemeau, and, if he choose, a hundred others, even as far back as those of Eros in the thirteenth century, he will find that the systems of lubrication, dilatation of the external orifice, etc., as recommended by your correspondents, have again and again been adopted and abandoned as useless. By this I do not mean that they are useless *in every case;* but, on the contrary, am of opinion that the application of lard, in cases where the perinæum is rigid and dry, is extremely beneficial.

"Aliquis" does not in his letter inform us what are the preventive means which he has adopted; but I assume that he has fairly tried the usual *modus operandi* without success. Let him now, therefore, take Dr. West's advice; and, "letting the perinæum alone" for his next score of cases, watch well the result. Dr. West does not, as a facetious correspondent has said, mean by this, that you should stand by to catch the child in your hat. He says, "let the perinæum alone", not "let the patient alone"; so that, while following his advice, you are quite at liberty to sit by the bedside, keeping your finger on the anterior edge of the perinæum, so that you may judge when there is danger of laceration. And, when convinced that laceration is impending, there are other methods which may be adopted for its prevention, with much greater advantage than support of the perinæum as usually practised; such as directly opposing the egress of the head by means of the fingers of the right hand; firm pressure against the sacrum; and the practice recommended by Smellie, but which is now seldom noticed, viz. the introduction of two fingers into the rectum; the two last methods being adopted in order to facilitate the movement of extension of the child's head under the pubic arch.

I am not prepared to say that mechanical support of the perinæum may not, in some exceptional cases, be beneficial; and I think it probable that, if quickly employed, it may in many cases do no harm: but I am convinced that, in the vast majority of cases, it is perfectly unnecessary. The process adopted by nature for the gradual dilatation of the perinæum is one of the most beautiful of the marvellous phenomena of childbirth; while our clumsy attempts to insure the safety of the perinæum by pressing against it, not only prevents the dilating force from acting properly, but is apt to induce powerful reflex contraction, as has been shewn some fourteen years ago by Dr. Tyler Smith. But, when the perinæum is supported as recommended by Dr. F. H. Ramsbotham in the following passage, "Place your elbow against the bedstead, regarding it as a fixed point, and allow the perinæum to be forced against our hand"; or by the clenched fist of Mr. Smith; or according to the method taught and practised by Professor Braun of Vienna, besides bruising of the tissue, this reflex contraction cannot fail to take place. It is mainly upon these grounds that I have long been of opinion that many students, not only on the Continent, but also to a considerable extent in this country, are annually trained to induce the very accident which it is their earnest wish to avert.

Hoping that you will excuse the length to which I have inadvertently carried this letter, I am, etc.,

William Leishman, M.D.,

Physician-Accoucheur to the University Lying-in Hospital.

80, Bath Street, Glasgow, March 20, 1860.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Friday, March 16th, 1860.

Adulteration of Food, etc., Bill. In reply to a question—Mr. Serjeant Deasy said that in the event of the House deciding that this measure should be extended to Ireland, he should prepare a series of clauses relating to that subject.

Saturday, March 17th.

Medical Officers in India. Mr. Bazley asked the Secretary of State for India whether the medical officers of Her Majesty's Indian army had had all the privileges conceded to them which the Royal Warrant of the 1st of October, 1858, entitled them to receive?

Sir C. Wood: The Warrant of 1858 cannot apply in all respects to the medical officers of the Indian army, inasmuch as the pay and pensions of the Queen's service differ from those of the Indian service; but the rank, pay, and position, of the Indian medical officers and those of the medical officers in India are on a footing of perfect equality.

Adulteration of Food, etc., Bill. Mr. Steuart gave notice that on the report of the Adulteration of Food and Drink Bill, he would move its recommittal, in order to introduce clauses extending its operation to counties in England and Wales, and also to Scotland and Ireland.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

Davis, John, Esq., Surgeon, Monkwearmouth, on March 19.
Day, T. C., Esq., Robert Street, on March 15. (Twins.)
Walker, John B., Esq., Clifton Gardens, W., on March 14.

Of daughters, the wives of—

Keal, W., Esq., Surgeon, Oakham, on February 27.
Laurie, D. C., M.D., Boyne Terrace, on March 18.
Weber, H., M.D., Finsbury Square, on March 16.
*White, John L., Esq., Dowlais, on March 5.

MARRIAGES.

Chaldecott, Thomas A., M.D., Vutma, Hongkong, to Ellen L., eldest daughter of Edmund Lucas, Esq., of Wandsworth, on March 17.

Owen, William, Esq., Barrister-at-Law, to Elizabeth C., eldest daughter of Langer Cary, M.D., Newport, Tipperary, at Dublin, on March 6th.

Thornton, Robert, Esq., Staff-Surgeon, to Mary, daughter of the late W. W. Robson, Esq., Sunderland, at Kingston, Jamaica, on February 24.

DEATHS.

Adcock, George R., Esq., Surgeon, at Brentford, on March 17.

Bell. On March 18th, at Goole, aged 5 months, Ernest Augustus, son of *R. P. Bell, Esq.

CARTER. On March 14th, at Billericay, aged 19, Cornelius, third son of William Carter, Esq., Surgeon.
DAVIES. On March 16th, at York Town, Bagshot, Anne, wife of *Wm. Davies, Esq.
FALCONER, Daniel M., Esq., Surgeon, Moulmein, on board the *Clarence*, on December 2.
HAWKINS. On March 17th, at Aberdovey, aged 11 months, James Stilwell, only child of J. S. Hawkins, Esq., Surgeon, Albert Square, E.
HEWER, Joseph, Esq., Surgeon, Chobham, Surrey, aged 52, on March 17.
*MACKARSIE, William, Esq., Claycross, lately.
*PAXTON, James, M.D., at Leadwell House, Oxon, lately.
SALTER. On March 19th, at Malmesbury, aged 34, Elizabeth, wife of George Salter, Esq., Surgeon.
SANER, J., M.D., at Tottenham Green, aged 81, on March 20.
STONE, Thomas W. G., Surgeon, son of T. M. Stone, Esq., of the Royal College of Surgeons, aged 22, on March 14.
WOOD, Richard, Esq., Surgeon, late of Birmingham, at Whiston, Salop, aged 81, on March 13.

PASS LISTS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At the Comitia Majora, held on Saturday, March 17th, the following gentlemen were admitted members of the College:—

ALTHAUS, J., M.D., Manchester Street
BEDDOE, J., M.D., Clifton
CANNON, Henry M., M.B., Cheltenham
CHAWNER, D., M.D., Lincoln
CLARKE, Vans C., M.D., Tower Hill
CROTHERS, R., M.D., Moy, Tyrone
DAVIDSON, J., M.D., Haslar
DAVIES, W. St. G., M.D., Brighton
DOWSON, John, M.D., Whitby
FAIRCLOTH, J. M. C., M.D., Northampton
GILES, R., M.D., Oxford
GOODEVE, H. H., M.D., Stoke Bishop, near Bristol
HARVEY, Joseph A. R., M.D., Southsea
HAMMOND, Joseph H., M.D., Preston
HUNTER, T., M.D., Edinburgh
KILGOUR, J. S., M.D., Isle of Man
LAXON, W., M.D., Coventry
LEACK, R., M.D., Blackburn
LECKIE, T., M.D., Torquay
LOGAN, D. D., M.D., Leinster Square
LUCAS, H. J., M.D., Crickhowell
MARTIN, G. A., M.D., Ventnor
MILLER, R., M.D., Somer's Place
MORT, W., M.D., Southport
PARSONS, S., 3, Clarges Street
PEARCE, R., M.D., Brighton
SCOTT, John, M.D., Boulogne
SEATON, E. C., M.D., Sloane Street
SEYMOUR, A. W., M.D., Brighton
SHORTLAND, E., Plymouth
STEVENSON, John F., M.D., Birkenhead
STIRLING, J., M.D., Royal Navy
STOCKER, A. H., M.D., Bow
SYLVESTER, C., M.D., Bath
TUKE, D. H., M.D., Falmouth
WRIGHT, Henry G., M.D., Somerset Street

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at a meeting of the Court of Examiners, on March 16th:—

ASHLEY, Jacob, Wick
BARHAM, F., Maidstone
BRYANT, James, Clerkenwell
COCHRANE, George, Wickham Market
EDMUNDS, John, Toddington
FISHER, William P., Dartford
GRIFFITH, J., Biddenden
HILL, William B., Walworth
HOWARD, Francis C., Linton
HURD, J., Yatton, Bristol
HURD, James, Frome
KIRBY, Christopher, Halifax
KNAGGS, H., Kentish Town
LINTON, Ralph, Chester-le-Street
LAMBDEN, J., Grimsby
MAIS, J. J., Thorner, near Leeds
SCOTCHBURN, Alfred, Driffield
SKEGG, R., St. Martin's Place
STILES, Thomas, Pinchbeck, Spalding
SWALES, Edward, Helmsley
WALTERS, Edward S., Leek
WATKINS, C. S., Chandos Street

All the above gentlemen had previously been in practice as Licentiates of the Society of Apothecaries;—also,

MOGER, Fred. S., Highgate

APOTHECARIES' HALL. LICENTIATES admitted on *Thursday, March 1st*, 1860:—

CANN, Thomas, Seaton
HARDING, John A., Bath
HOMFRAY, C. A., Clifton
FULLER, W. F., Bridgewater
JONES, W. W., Denbigh
NUNN, Roger, Ixworth

The following gentlemen also, on the same day, passed their first examination:—

EARLE, J. L., Nether Stowey
ELDERSHAW, F., London

Thursday, March 8th.

BROADWATER, William J., St. George's East
JONES, Robert, Conway
LEMON, H. M., Welshpool

The following gentlemen also, on the same day, passed their first examination:—

BAKER, William M., St. Bartholomew's Hospital
EVANS, Thomas M., St. Bartholomew's Hospital
HARTELL, Wm. H., Willenhall
HOLLISTER, G. W., Newent
MORGAN, John A., Clifton
SHORTO, J. R., Southampton

Thursday, March 15th.

FRANKS, John, Sevenoaks
PARKER, John, Hanmer
SCHOFIELD, Joseph, Dukinfield
SHUTTLEWORTH, Robert, Great Bowden
WARD, Henry, Diss

APOTHECARIES' HALL OF DUBLIN.

THE following legal opinion has been given by the Right Hon. Sir Richard Bethell, Attorney-General of England, relative to the right of the Company of the Apothecaries' Hall of Dublin to grant licences to practise medicine:—

"By the Act 31 Geo. 3rd, ch. 34, certificates are to be granted to persons who have been duly examined, entitling them 'to follow the art and mystery of an apothecary in the Kingdom of Ireland.' What was meant or denoted by these words, 'art or mystery of an apothecary,' must be ascertained from the usage existing at and before the time of passing the statute, and thenceforth uninterruptedly to the present time. If we refer to that usage, it is clear that from time immemorial before the Act, and at the time of its passing, the apothecary in Ireland was a medical practitioner, attending the sick, and prescribing as well as supplying medicines for their relief. This status of the apothecary is recognised by many statutes anterior to the Act of 31 Geo. 3rd, ch. 34; and it is therefore proved beyond a doubt, that the Irish apothecary was, at the passing of the Act, *de facto et de jure* a medical practitioner. This universal habit and course of practice of the apothecary is what the statute denotes by the words, 'art or mystery of an apothecary;' and ever since the passing of the Act such has been the admitted recognised interpretation of these words. The title of the licentiate of the Apothecaries' Hall in Dublin to practise physic has been uniformly treated as a clearly existing right. It has been acknowledged by the Legislature in several subsequent Acts, and recognised in courts of law.

"It is most satisfactory to add, that the rules adopted by the Apothecaries' Hall respecting the examination both of apprentices and licentiates are such as to entitle the apothecaries of Ireland, in an eminent degree, to the confidence of the public, as a well educated body of practitioners.

"I have not the least doubt, therefore, of the Company of Apothecaries in Ireland being a body legally qualified and empowered to grant licences to practise medicine, or of its licentiates being regularly qualified medical practitioners, within the true meaning and intent of 'The Medical Registration Act.'

"These considerations would, in my opinion, be sufficient for the maintenance of the right of licentiates of Apothecaries' Hall, Dublin, as duly qualified medical practitioners, independently of the Medical Act (21 and 22 Vic. ch. 90), but after the enactment of that statute there can be no doubt of the right of existing and future licentiates of Apothecaries' Hall, Dublin, to be registered under that Act, and when registered as such licentiates, to practise medicine; this is plainly enacted by the 15 Sec., and 31 Sec. of that Act. These provisions entirely supersede the necessity of any inquiry into the constitution or rights of the Company of Apothecaries' Hall, Dublin, or its licentiates; for they (the licentiates) are by the 15th Sec. expressly entitled to be registered on producing their certificates from Apothecaries' Hall, Dublin, which are, by force of the Act, a statutory qualification for registration as medical practitioners. Should the registrar refuse to register any licentiate, a mandamus would lie to compel him to do so, and probably the applicant would be entitled to an action for damages.

"It is only necessary to observe in addition, that the fact of being registered under the Medical Act as a medical practitioner, is 'such a certificate as qualifies a civilian to practise medicine,' and that 'every person so registered has a good title to present himself at the competitive examination.

"Lincoln's Inn, Feb. 15th, 1860. RICHARD BETHELL."

NOTE. In reference to the words (as they occur in the 31st clause of the Medical Act), "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, in any part of Her Majesty's dominions," the Attorney-General observes that "they do not in any way qualify the

right; they mean only that the licentiate of an Apothecaries' Company shall practise medicine, the member of the College of Surgeons shall as such practise surgery."

POOR-LAW MEDICAL REFORM.

MEETING OF MEDICAL STUDENTS.

The students of University College, London, held a meeting on March 16th, for the purpose of assisting the efforts of the Poor-law Medical Reform Association; Dr. Edwyn Andrew, Resident Medical Officer to the Hospital, in the Chair.

The Chairman briefly explained the object of the meeting; after which the following resolutions were unanimously carried:—

1. Proposed by Mr. Bastian, and seconded by Mr. Hill—"That the medical students of University College, London, heartily approve of the efforts of the Poor-law Medical Reform Association, and determine to lend their aid in furthering its objects."

2. Proposed by Mr. Hickman, and seconded by Mr. Hill—"That the medical students of University College, London, petition Parliament in favour of the amendment of the laws relating to the administration of Medical Relief to the Poor."

3. Proposed by Mr. Dawson, and seconded by Mr. Case—"That this meeting deeply sympathises with Mr. Griffin in his unceasing efforts in behalf of Poor-law Medical Reform."

4. Proposed by Mr. Winterbotham, and seconded by Mr. Wilkinson—"That a subscription be raised in order to form a fund for defraying the expenses of the Student Branch of the Association."

With a vote of thanks to the Chairman, the meeting dissolved.

HEALTH OF LONDON IN 1859.

The Registrar-General, in his summary of the weekly tables of births and deaths in London for 1859, makes the following remarks:—

The natural increase of the population was 30,939. That was the excess of the registered births over the registered deaths. Besides the increase by natural growth, London receives other accessions; every county of the United Kingdom sends its quota to the metropolis, and the aggregate number of the immigrants, according to the best estimate, exceeded 23,000. The probable increase of the population was 54,000 in the year; or more than a *thousand weekly*. There is a further movement of the population of the metropolis: the natives leave in large numbers, and are replaced by persons born in other parts; and again, many immigrants who come to London return to their homes or wander elsewhere. The greatest migrations take place at the ages 20 to 30; when young people, unsettled, still maintain a connection with the homes of their childhood. Of 1,394,963 inhabitants of London of the age of 20 and upwards at the last census, 749,853 were born beyond its bounds. The population of London in the middle of the year 1859 was probably 2,774,338; comprising about 1,299,602 males, and 1,474,736 females; for there are 175,134 more females than males. This is the result of the excess of female over male immigrants, and of the higher mortality to which men are exposed. The number of children whose births were registered in the fifty-two weeks amounted to 92,556, of whom 47,189 were boys, 45,367 girls. Thus the boys born exceeded the girls by 1822. The births were at the rate of 1,780 weekly, 254 daily. The births exceeded by nearly 4,000 the births in the previous year, and by 26,672 the births registered in 1845. The deaths were at the rate of 1,185 weekly, 169 daily. 31,451 males and 30,166 females died. The deaths do not increase at the same rate as the births; yet their numbers have increased since 1845, when the deaths of 24,496 males, 23,836 females, were registered. Upon comparing the deaths with the estimated population, it is found that to 100,000 living, 2,229 died in the year; the average deaths of the last eighteen years being 2,439. Thus the mortality is nearly at the rate of 22 in the 1000, in lieu of 24 in 1000. The number of births varied weekly; 1,980 children, the greatest number, were registered in the fourth week of January; 1,578, the least number, were registered in the last week of September. The first number is 200 above, the last number 202 below, the average. The deaths fluctuated differently; in a week of June, towards the middle of the year, they fell to 913, and in a week of October to 902, or 283 below the average; in the last week of December they rose to 1,677, or 492 above the average. The reproductive force thus acts most steadily; the destructive forces having a greater range, and while they allow the mortality to subside to some extent below, raise it at intervals much above the average. The mortality was raised above the average by the extremely cold weather of January and December; the mean temperature of the first two weeks was low (35° and 39°), and the deaths rose to 1,338 and 1,429; again the temperature fell in the last two weeks but one of December to 28° and 33°, and the deaths rose to 1,548 and 1,677 in the two weeks following. During the latter part of the year the chief masters and the men in the building trades of London were in a state of open war. The masters closed their establishments on August 6th, and afterwards only employed men who would sign a document. The men refused, to the number, it was said, of 20,000. The conference of the trades societies distributed certain sums among their members; and in the sixth week as many as 14,000 of them received allowances. These allowances were, however, inadequate; the means and credit of many failed; the small shopkeepers instead of £9 or £10 took no more than £2 or £3 a week from the families of the workmen. The distress became in some cases urgent, yet the struggle was protracted through the rest of the year. The wives evidently thought their husbands in the right, and suffered with them the pangs of hunger. This distress produced ultimately a sensible effect on the mortality of the men and their wives. As long as there was bread, the poor children, however, apparently had it; until weakened, cold, ill-clad, they at last died in unusual numbers as the severe weather came on towards the close of the year. The mortality in 100,000 living was at the rate of 2,229 deaths from all causes; of which 592 were by diseases of the zymotic class.

It may be instructive to compare the fatality by some of the diseases of London now and in the seventeenth century. In the twenty years 1660-79 the mortality in Southwark and in the city within and without the walls was at the rate of 7 or 8 per cent.; so the mortality within the Bills may be set down at the rate of 7,000 annually in every 100,000 living, of which 3,400 were by zymotic diseases. The diseases were not always distinguished accurately. But by putting them in groups any fallacy from this source will be obviated, and the decrease of some of the worst forms of mortal disease will be placed beyond doubt. To render the comparison easy, the number living is taken to be the same in the two periods—100,000 in 1660-79 and in 1859. The annual deaths by small-pox were 357 in the first period, 42 in the second period; by measles 40 and 47 in the two periods. Medical science was imperfect, and the science existing in that century was very imperfectly applied. Croup and scarlatina were not generally recognised, but were confounded with measles and fever. The mortality by fever, continued or remittent, and ague was at the rate of 749 and 59 in the two periods; or, including scarlatina, quinsy, and croup, the mortality was 759 and 227. Thus a person was in four times as much danger of dying of these diseases at the Restoration as a person living in London now. Women are not yet entirely exempt from peril in childbearing; the mortality by that disease is now 17, it was then 86. Again, a few (8) in 100,000 die now of dysentery; then, out of the same number, 763 died annually of that disease. By diarrhœa, a milder form of disease, 11 died then, 120 die now; cholera was fatal in 1859 to 7, and in the 20 years 1660-79 to 130 annually. Syphilis was twice as fatal as it is, the numbers being 21 and 12. Scurvy and purpura bear testimony to the imperfect nutrition of the population; the annual deaths were then 142 and are now 2. Vegetables, fruit, and fresh meat could with difficulty be procured in winter. Worms and all parasitic creatures that crawl over, bite, and prey on the body of man were prevalent; 10 deaths were ascribed to worms. Dropsy, a result and sign of scurvy and fever, was exceedingly fatal; 298 died of that disease then, and 26 now. Apoplexy, paralysis, epilepsy, affections of the brain, and suicide are more fatal now, according to the returns, than they were in the proportion of 57 then to 151 now. Consumption and diseases of the breathing organs were uncommonly fatal; 1,079 then, and 611 now are the figures of the mortality. Diseases of the digestive organs were fatal then and now in the proportion of 146 and 95. Stone and diseases of the urinary organs are now as fatal as they were then; the deaths being 21 and 30. Children were rapidly cut down; of convulsions and teething 1,175 died then, 136—too many—now. Of the violent deaths some are now more frequent, as the forces by which they are occasioned are greater; of fractures and wounds 19 died then, 25 now; of poison, more accessible, 2 now, and then only 1; of burns, as fires are probably more common and dresses more

inflammable, now 13, then 3; drowning and suffocation were then twice as fatal (23 and 20) as they are (10 and 10) in the present day. Five in 100,000 of the people were executed then annually; now 1 in the whole population. In addition, the inhabitants of London were then destroyed by the terrible plague; which upon an average of the 20 years, carried off 1,132 lives. In 1665 nearly a third of the population perished by plague. It is difficult to conceive this frightful destruction of human life; the imagination, the wailing notes of writers, the details of Defoe in a work which would have immortalised any writer, fail to bring all the horrors before our minds. The mortality was at the rate of 7 per cent. on an average during the 20 years. If the mortality of London had been at the same rate in the last year, instead of 61,617 about 194,204 deaths would have been registered. The plague was the more appalling as the mortality overwhelmed the people in particular years; thus the burials from 15,356 in 1663 rose to 97,306, "whereof 68,596 were by plague," in 1665; and this was equivalent to more than 600,000 deaths by plague in the present population of London. In the third week of September 8,297 deaths were registered, which represents a rate of mortality equivalent to about 85,000 deaths in a week on the actual population of London.

THE LATE SIR JAMES M'GRIGOR. An obelisk to the memory of the late Sir James M'Grigor has just been erected at Aberdeen, in the quadrangle of Marischal College, within the venerable walls of which building the deceased baronet was educated. This testimony of respect to his memory is one of a local nature, having no connexion whatever with the memorial which owes its origin and much of its success to Sir James M'Grigor's admirers south of the Tweed. The Aberdeen obelisk is 72 feet high, and the material of which it is composed is highly polished granite, of a red colour, with the exception of a slab of grey coloured granite, which has been introduced in the pedestal for the purpose of containing the following inscription:—"This obelisk is erected to the memory of Sir James M'Grigor, Bart., M.D., K.C.B., F.R.S., etc., for thirty-six years Director-General of the Army Medical Department, and several times Lord Rector of Marischal College, Aberdeen. He was born in Strathspey, North Britain, on the 9th of April, A.D. 1771. He entered the army as surgeon of the Connaught Rangers in 1793, and served the two following years in the campaign of Holland. He was afterwards medical chief in the expedition against the Island of Grenada; in the expedition under Sir David Baird, from Bombay through the deserts of Thebes and Suez to Alexandria; and also in the Walcheren expedition. He was chief of the Medical Department of the Army under the Duke of Wellington in the Peninsular war, from the siege of Ciudad Rodrigo in the year 1811 to the final battle of Toulouse in 1814. He was favourably mentioned in the despatches of all the Generals under whom he held these responsible posts, and was repeatedly noticed in those of the Duke of Wellington, who, on the 26th of July, 1814, referring to the manner in which Mr. M'Grigor had conducted the department under his direction, wrote thus: 'I consider him one of the most industrious, able, and successful public servants I have ever met with.' In the course of fifty-seven years of active service, he was exposed to the vicissitudes of war and climate, besides encountering shipwreck and other dangers at sea; yet he lived to attain a tranquil and happy old age. He died in London, on the 2nd of April, A.D. 1858. This memorial is erected near the place of his education and the scenes of his youth." The base of the obelisk is surrounded by a platform of grey coloured granite from the neighbourhood of Aberdeen.

HEALTH OF LONDON—MARCH 17TH, 1860.

[*From the Registrar-General's Report.*]

		Births.	Deaths.
During week	Boys..1046 Girls..977	2023	1563
Average of corresponding weeks 1849-58		1724	1362

Among the causes of death were—bronchitis, 267; pneumonia, 140; phthisis, 171; small-pox, 29; scarlatina, 33; measles, 24; diphtheria, 10; hooping-cough, 45. The deaths from pulmonary diseases (exclusive of phthisis) were 450, being 145 above the corrected average.

Barometer:

Highest (Sat.) 29·936; lowest (Wed.) 29·327; mean 29·585.

Thermometer:

In sun—highest (Fri.) 90·7 degrees; lowest (Mon.) 60·0 degrees.
In shade—highest (Sat.) 56·5 degrees; lowest (Sun.) 28·7 degrees.
Mean—40·2 degrees; difference from mean of 43 yrs.—1·0 degree.
Range—during week, 27·8 degrees; mean daily, 15·6 degrees.

Mean humidity of air (*saturation*=100), 80.

Mean direction of wind, Var.—Rain in inches, 0·32.

TO CORRESPONDENTS.

Communications have been received from:—MR. A. M. EDWARDS; DR. ALLEN DUKE; DR. BEGLEY; L.S.A.; DR. W. LEISHMAN; DR. W. GORMAN; MR. J. DIX; MR. R. P. BELL; MR. T. M. STONE; A POOR-LAW MEDICAL OFFICER; DR. T. INMAN; DR. T. HAYES JACKSON; DR. R. U. WEST; DR. THUDICHUM; MR. I. T. BECK; DR. P. H. WILLIAMS; and MR. G. REID.

ADVERTISEMENTS.

Fourth Edition, just published, price 2s. 6d., by post for 32 stamps.

A Guide to the Treatment of Dis-

EASES OF THE SKIN; for the Use of the Student and General Practitioner. By THOMAS HUNT, Surgeon to the Western Dispensary for Diseases of the Skin. This edition contains two new chapters; one on the Vegetable Parasites of the Human Skin, the other on Metastasis in its practical bearings.

London: T. RICHARDS, 37, Great Queen Street.

Just published, crown 8vo, cloth, price 7s.

Foundation for a New Theory and

PRACTICE OF MEDICINE.

BY THOMAS INMAN, M.D. (LOND.),

Lecturer on Medicine; Physician to the Liverpool Royal Infirmary. Author of "Spinal Irritation Explained", "Treatment of Inflammation", etc., Various Papers on Myalgia, etc.

London: JOHN CHURCHILL, 11, New Burlington Street.
Liverpool: ADAM HOLDEN, Church Street.

In the press, and will shortly be published, 1 vol. 8vo,

On Obscure Diseases of the Brain

and MIND: their Incipient Symptoms, Pathology, Diagnosis, Treatment and Prophylaxis.

By FORBES WINSLOW, M.D., D.C.L.

This work will embody an Analysis of the Morbid Phenomena of—1. Intelligence; 2. Motion; 3. Sensation; 4. Special Senses; 5. Sleep and Dreaming; 6. Organic and Nutritive Life.

London: J. CHURCHILL, New Burlington Street.

With Microscopical Illustrations, price 2s. 6d.

The Pathology of Tuberculous Bone.

By C. BLACK, M.D. Lond., M.R.C.P. Lond., F.R.C.S., etc., etc.

OPINIONS OF THE PRESS.

"Contains a considerable amount of pathologic information."—*The Lancet.*

"Manifests careful research, ability, and judgment. Comprises the results of laborious investigations."—*Medical Circular.*

"Rich in original research."—*Dublin Medical Press.*

"Shows great evidence of conversance, with pathological investigations."—*British Medical Journal.*

London: SIMPKIN, MARSHALL, & Co. Edinburgh: SUTHERLAND & KNOX.

A New Edition, in 18mo, 5s. 6d. cloth; or in roan with tuck and gilt edges as a pocket-book, 6s. 6d.

Thomson's Conspectus of the Phar-

MACOPŒIAS. The *Nineteenth Edition*, revised throughout and corrected. Edited by Dr. EDMUND LLOYD BIRKETT, F.R.C.P. Lond., Physician to the City of London Hospital for Diseases of the Chest.

Also, in 8vo, with Woodcuts, price 21s. cloth,

THOMSON'S LONDON DISPENSATORY.

11th Edition, corrected by Dr. A. B. GARROD.

London: LONGMAN, GREEN, and Co., Paternoster Row.

FOURTH EDITION OF

PEREIRA'S *ELEMENTS OF MATERIA MEDICA*,

REVISED BY DR. A. S. TAYLOR AND DR. G. O. REES.

New Edition, in 2 vols. 8vo, with a Plate and very numerous Woodcuts price £3: 15, cloth; or separately, Vol. I, 28s.; Vol. II, PART I, 21s.; PART II, 26s., cloth.

Pereira's Elements of Materia

MEDICA and THERAPEUTICS. *Fourth Edition*, greatly improved, including Notices of most of the Medicinal Substances in use in the Civilised World, and forming an Encyclopædia of Materia Medica: Revised and enlarged principally from the Author's materials by ALFRED S. TAYLOR, M.D., etc., and G. OWEN REES, M.D., etc.

The fourth Edition of Dr. Pereira's *Elements of Materia Medica* has not only undergone revision, but there has been a re-arrangement of the subjects, so that they are now placed more in accordance with the original plan of the author. The second part of the second volume is increased by nearly one hundred pages of new matter. There are twenty new articles, and fifteen additional illustrations. The improvements made by Dr. Carson, in the American edition, have been adopted by the Editors, and the Pharmacopœias of Norway and the United States have been laid under contribution for numerous medicinal preparations. To give some idea of the extent of the *Elements of Materia Medica*, it may be mentioned that the fourth edition comprises upwards of two thousand six hundred pages, five hundred and eighty-six articles of Materia Medica, and four hundred and seventy-eight wood-engravings. *Each of the three divisions of the work is furnished with a copious separate* INDEX.

London: LONGMAN, GREEN, LONGMAN, and ROBERTS.

Now ready, price 5s. 6d., or free by post to any part of the United Kingdom, price 6s., Fourth Edition, greatly enlarged and improved,

A Grammatical Introduction to the

LONDON PHARMACOPŒIA, and a KEY to PHYSICIANS' PRESCRIPTIONS. By F. S. LEACH.

"This little work will be found extremely useful to students who have received but an imperfect classical education."—*The Lancet.*

HUGHES and BUTLER, Medical Booksellers and Publishers, 15, St. Martin's-le-Grand.

IMPORTANT TO THE PROFESSION.

Glover and Company, Wholesale

DRUGGISTS, beg to call the attention of the Profession to their Price Current for Pure Drugs and Chemicals and select Pharmaceutical Preparations.

	s.	d.		s.	d.
Acid. Citric. .. .. lb	2	8	Potass. Bicarb. Pulv. .. lb	1	0
Æther. Chloric. .. lb	4	6	Potass. Iodidum .. oz.	0	10
Ferri Citras c. Quinæ .. oz.	3	0	Quinæ Disulph.(Howard's) oz.	6	9
Gum. Acaciæ Pulv., lb	1s. 8d. & 2	4	Rad. Rhæi Pulv., lb	3s. 6d. to	6	0
Hyd. Chloridum .. lb	3	6	Sp. Ammon. Aromat. .. lb	2	8
Ol. Ricini Elect. .. lb	0	9	Sp. Æther. Nit. .. lb	2	9

Price Lists may be had on application.
19, GOODGE STREET, TOTTENHAM COURT ROAD, LONDON.

Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford Street, London. to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine", with Remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May also be had of the Author, 277, Oxford Street. Price 6d.

H. Silverlock's Medical Label Ware-

HOUSE, LETTER-PRESS, COPPER-PLATE, & LITHOGRAPHIC PRINTING OFFICES, Wardrobe Terrace, Doctors' Commons, London, E.C.

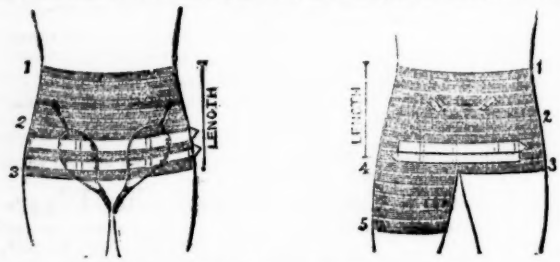
H. SILVERLOCK'S stock of Labels for DISPENSING purposes having been recently revised and enlarged, now consists of upwards of 800 different kinds. Yellow and Green Labels for Drug Bottles, Drawers, etc., at per book or dozen; a Book, containing a selection in general use in Surgeries or Dispensaries, 10s. 6d.

Priced Catalogues of the above may be had, post-free on application.

PRINTING OF EVERY DESCRIPTION AT MODERATE PRICES.

Mr. Bourjeaurd's Spiral Elastic

COMPRESSIONAL APPLIANCES, Registered, to be obtained only at No. 11, DAVIES STREET, BERKELEY SQUARE, W., and at No. 11, RUE DES BEAUX ARTS, PARIS, and through Medical Practitioners.



BELT AND AIR-PAD FOR INGUINAL HERNIA.

Mr. BOURJEAURD, in submitting the accompanying Diagrams, presents his best thanks to the Members of the Medical Profession for their unceasing support of his invention of the Spiral Elastic Compressional Principle in Surgical Appliances, and for the continuance of recommendations in all parts of the kingdom. At the same time, he feels it incumbent upon him to remind his friends, that this Invention was registered by him in February 1848, and, immediately after, advertised in the Medical Journals; thus affording an undeniable contradiction to the assertions of the appropriators of his principle, who have never appeared till within the last three and a half years, and yet style themselves Patentees, Registrars, etc., of the Spiral Principle. Mr. B. having served as Surgeon in the French Navy has had great experience in bandaging; he has likewise been established eleven years in London, confining his attention entirely to cases indicating the necessity of compression; and begs leave to state that it is his firm impression that Patients should have the assistance of their Medical Attendant whenever the Spiral Elastic Bandages are applied, or otherwise should be attended by himself, as it must be admitted to be exceedingly hazardous for the suffering to entrust their limbs or cases of Hernia to persons totally ignorant of anatomical or physiological laws.

Mr. B. begs to state that he has very much enlarged his Manufactory, and is prepared to supply these valuable appliances, wholesale and for exportation, 30 per cent. lower than the imitations.

N.B. Near Mivart's Hotel. No. 11, DAVIES STREET, BERKELEY SQUARE, between Brook Street and Grosvenor Street. The Establishment is strictly private; no shop or show of bandages in the window. At home from 10 till 6. Female Attendance for Ladies.

Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also sole Agents for M. Soyer's Sauces. Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho Square.

Aërated Lithia Water. — The

exhibition of Lithia in an effervescent water having been suggested by Dr. GARROD (in his recent treatise on Gout and Rheumatic Gout) as a remedial agent, by reason of its great power in dissolving Uric Acid and the Urates, Messrs. BLAKE, SANDFORD, & BLAKE have prepared three different Waters—of LITHIA, LITHIA with POTASH, and LITHIA with AMMONIA, which they beg to introduce to the Profession.

The following Waters are prepared as usual:—Potash, containing 18 grains of the Bicarbonate in each bottle; Citrate of Potash, 30 grains; Soda, 15 grains; Ammonia, 10 grains; Seltzer and Vichy, from their respective analyses; and a very delicious, as well as useful, MINERAL ACID WATER.

BLAKE, SANDFORD, & BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

Dr. Caplin's Electro-Chemical Bath

ESTABLISHMENT, 9, York Place, Baker Street, Portman Square, for the extraction of Mercury and other Metallic or Extraneous Substances, and the Treatment of Chronic Diseases. For the demonstration of this new system, *vide* the Second Edition, price 1s., 8vo, of Dr. Caplin's Treatise on the Electro-Chemical Bath, and the Relation of Electricity to the Phenomena of Life, Health, and Disease. Sold at the Author's Establishment.

"PULVIS JACOBI VER., NEWBERY'S."

INTRODUCED A.D. 1746.

Dr. Handfield Jones, in his Paper

on Fevers, etc., while regretting that the list of Remedies is so limited, mentions the importance of Antimonials in Renal and Pulmonary cases. Newbery's James's Powder is free from the debilitating effects of the ordinary preparations of Antimony, and has a CERTAIN Diaphoretic effect, without that danger to the stomach and bowels so characteristic of all the imitations. The genuine Dr. James's Fever Powder is sold at a price within the reach of all. Please to prescribe it "**Pulvis Jacobi Ver., Newbery's**".

(Signed) F. NEWBERY & SONS.

45, St. Paul's Churchyard, London.
Price for Dispensing: ½ oz., 3s. 4d.; 1 oz., 0s.

S. Bowles (late Windsor & Co.), Phial

AND BOTTLE MERCHANT, Dealer in Druggists' Sundries, etc., 6, JAMES STREET, COVENT GARDEN, W.C. The cheapest house in London for every description of Medical Glass of the best quality. Samples and prices forwarded free on application.

Great Saving in the Purchase of

SIX GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS, assorted to suit the convenience of Purchasers, at S. ISAACS & SON, Glass Bottle Manufacturers—London Warehouse, 24 and 25, Francis St., Tottenham Court Road.

6 and 8 oz., any shape, plain, or graduated	8s. 0d.	per gross
3 and 4 oz. ditto ditto	7s. 6d.	„
½ oz. Moulded Phials	4s. 6d.	„
1 oz. ditto	5s. 6d.	„
1½ oz. ditto	6s. 0d.	„
2 oz. ditto	7s. 0d.	„

NOTICE.—S. ISAACS & SON beg to return their sincere thanks to the Medical Profession for past favours, and beg to inform them that in consequence of the great increase in their business, they have removed to more extensive premises, and hope by adhering to their usual attention and punctuality to receive a continuance of their favours at their new London Warehouses, 24 and 25, Francis Street, Tottenham Court Road. Packages free. Remittance on receipt of Goods Post-office Orders payable to S. ISAACS and SON, at the Post Office, Tottenham Court Road. Bankers—Unity Bank.

Great Reduction in the Prices of

NEW MEDICAL GLASS BOTTLES and PHIALS, at the Islington Glass Bottle Works, Islington Place, Park Road. LONDON WAREHOUSES—19, Bread Street Hill, Upper Thames Street, City, and 2, Upper Copenhagen Street, Barnsbury Road, Islington. E. & H. HARRIS & Co., beg to submit the following prices for quantities of Six Gross, assorted to suit the convenience of the purchaser.

6 and 8 oz., any shape, plain, or graduated } 3 and 4 oz. ditto ditto ..	clear blue tinted	8s. 0d.	per gross.
		7s. 6d.	„
½ oz. White Moulded Phials	of a very superior quality.	4s. 6d.	„
1 oz. ditto		5s. 6d.	„
1½ oz. ditto		6s. 0d.	„
2 oz. ditto		7s. 0d.	„

Immediate attention to country orders. No remittance required until the Goods are received. Packages free. Goods delivered free within seven miles. Post-office Orders made payable to E. & H. HARRIS & Co., at the Chief Office, London. Bankers—Union Bank of London.

N.B. Orders sent to either establishment will meet with prompt attention.

TRADE B/P MARK.

Brown & Polson's Patent Corn Flour,

Preferred to the best Arrow Root. Delicious in PUDDINGS, CUSTARDS, BLANCMANGE, CAKE, etc., and especially suited to the delicacy of CHILDREN and INVALIDS.

The *Lancet* states—"This is superior to anything of the kind known."

Trade Mark and Recipes, on each Packets 4, 8 and 16 oz.

Obtain it where inferior articles are not substituted,

From Family Grocers, Chemists, Confectioners, and Corn Dealers.

PAISLEY. DUBLIN.

77A, Market Street, Manchester; and 23, Ironmonger Lane, London.